FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARTEAND	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	(5)
County Frederick	Registration Dist. No. / 39
Village or City State Sanatorium -	many and st., Ward
(Ir	death occurred in horpital or institution, give its NAME instead of street and number) Add
2. FULL NAME Howard Walter	alexander
The second secon	ORIGIA Ward. Wedland Cellechany Co
(a) Residence: No. ARYLAND. TURERCULOSIS SANAU (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MD.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Dolale white married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. , 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Catherine Blexander	May 30 1929 to June 12 1933
6. DATE OF BIRTH (month, day, and year) Taly 19, 190%	I last saw h am alive on June 11 , 19 3 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _7:10 A_m.
28 10 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	Gulmonary Tuberculoris 1929
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL	
work was done, as SILK MILL hermeal works	
O 10. Date deceased last worked at 11. Total time (years)	
this occupation month end year) 1929 spent in this ultra occupation control of the spent in this ultra	
12. BIRTHPLACE (city or town) Luna w W. Va.	Other Contributory Causes of importance:
(State or country)	
13. NAME William alexander	
13. NAME William alexander 14. BIRTHPLACE (city or town) Burlan	Neme of operation 20012 Date of
(State or country) Maryland	What test confirmed diagnosis? X - Ray Was there an au'opsy? ho
15. MAIDEN NAME China Clerkinder	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) (I hulagle yhia	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Howard W. Wyander (Address) Midland Ollacham Co admin	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Mayueaboro Jai unknour	Nature of injury
216 6000	
19. UNDERTAKER M. C.	24. Was disease or injury in any way related to occupation of deceased?
(M) b) //////	(Signed) Paul Cohen M.D.
20. FILED 19.3. Registrar.	(Address) gyate Danatoring
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not anclerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis 2	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	Tuly 5,1927	Peritonitis	3 days ago		
à.	1 m				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. ż

1. PLACE OF DEATH	191)
County theolerick	Registration Dist. No. 136
(Aller 17)	NoV f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred.	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME & Nomas (Undle	ersor
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 19 193 3 (Month) (Day) (Year
HUSBAND of Cor) WIFE of Emma M Bohal-	22 LIEDEDY CEDTIEV THAILMAN
- (or) WIFE of Imma M Johns/-	22. I HEREBY CERTIFY, That I attended deceased
DATE OF BIRTH (month, day, and year) 4-18-1844	I had saw hamalive on 1933; death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11 40 m.
89 2 1 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade refereign or postingles	Date of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Herterfamition fullment by
9. Andustry or Dusiness in which	/
1D. Data deceased last worked at this occupation (month and spant in this	acute myrearlitis
2. BIRTHPLACE (city or town) Frederick Co	Other Coutributory Causes of importance:
(State or country)	_
14. BIRTHPLACE (city or town) Tresleved Co	
14. BIRTHPLACE (city or town) brederich Co	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Many Hillbush	23. If death was due to axternal causes (VIOLENCE) fill In also tha following:
16. BIRTIIPLACE (city or town)	Accident, sulcida, or homicide?, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Urbana Treplerich Co Md	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
B. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Mesicina do Ma Dailo/22 , 1933	Nature of injury
O, UNDERTAKER Lang Lang (Address) Andrews (Address)	24. Was disease or injury in any way related to occupation of deceased?
FILED one 20 1933 9. Offendrules of	(Signed) T. Clada / Towasa

1.0100

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Ex	ample I		Example II		
The principal cause of deat of importance were as follo	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JUL 5 1938	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU *:	July5,1927	Peritonitis	3 days ago	
	- NA	1			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

V. S. No. 1

should state

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1. PLACE OF DEATH		-	•		
	County Frederi	ek			Registration Dist. No. 30	
	Village or City Near	Buckey	stovn			Ward
				(11)	f death occurred in a hospital or institution, give its NAME instead of street and number) s	ds
	2. FULL NAME Verno					
			Market		Fraderickord Md.	
	(0) 1100100110011101		(Usual place o		If nonresident give city or town and State	Committee
	PERSONAL AND STA		L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	lale 4. COLOR OR RAC		SINGLE, MARR OR DIVORCED Single	RIED, WIDOWED, (write the word)	21. DATE OF DEATH June (Month) (Day) (Yes	ar)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, That i attended deceased	from
6.	DATE OF BIRTH (month, day, end year	Janu	nrv 27.	1916	liast saw h. alive on d. J. 19 ; death i	
7.	AGE Years Mon	ths	Days	If LESS.than I day,hrs.	to have occurred on the dete stated above, at	
	17 4		21	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	onset
NO	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc				Coccidental Danies in	1.6
OCCUPATION	SAWYER, BOOKKEEPER, etc				and the same of th	5_J_U
DO	SAW MILL, BANK, etc					
ŏ	this occupation (month and year)		11. Total tir	tin this pation		
12.	BIRTHPLACE (city or town)H	deriel		••••••	Other Coutributory Causes of importance:	
ER	13. NAME Leslie H.	Bare				
FATHER	14. BIRTHPLACE (city or town) (Stete or country)	reder:			Neme of operetion Dete of What test confirmed diagnosis? Was there an autopsy?	
ER	15. MAIDEN NAME Ade	elle E	. Coogl	Э	23, if death was due to external causes (VIOLENCE) fill in also the following:	
MOTHE	16. BIRTHPLACE (city or town)	Freder	rick		Accident, suicide, or homicide? Date of injury, 19_	
Σ	(State or country)	laryls	and		Where did injury occur? (Specify city or town, county and State)	
17.	INFORMANT Loslie (Address) 401 South	I. Pare	atree	t) 7,10 d.	Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL		-	111	Manner of injury	
	Place It Olive	t Cem	ate_Jline_	21,,1955	Nature of injury	
19.	. UNDERTAKER NA RAME (Address) Frederic				24. Wes disease or injury in eny wey related to occupation of deceased?	
20.	FILED Cem / 9, 1933			Registrar.	(Signed) J.Cly 1 / wildow (Address) 1 2 miles yellow	.M. D.
- and and		f more blank	ks are needed, ac	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	The Control of the Co

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Unitativico	may1,1020	Crack Contention	1 your
		, , ,	

STA	TE O	F MAR	YLAND-	CERTIFICATE	OF DEATH	06104
1. PLACE OF DEATH					,	2/-
County Frederick			Within the C		Registration Dist. No./	3/=
Village or City Freder	ick			No		St., Ward
			yrs4mos		titution, give its NAME instead of str if of foreign birth?yrs	
Z. FULL NAME		Mary Bar	tlett			
(a) Residence: No.		(Usual place	of abode)	St., Ward.	If nonresident give city or to	own and State
PERSONAL AND ST	ATISTIC			MEDICAL	CERTIFICATE OF DEA	
3. SEX 4. COLOR OR white		S SINGLE MAR	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	June 30th.	, 193 3
5a. If married, widowed, or divorced HUSBAND of	+			22. A THEREE	(Month) (Day)	(Year)
(or) WIFE of		,		July 28	0.1933 to live	30 19 8 8
6. DATE OF BIRTH (month, day, and y	ear) Fe	b. 12, 1	933	liastsawh er alive on.	2110/20	19 & E; death is said
	Months	Days	If LESS than	to the occurred on the date st	ted above, M.C. SOA _m.	//
0	4	18	1 day,hrs.		ATH and related causes of importan	
8. Trade, profession, or particula	r	1	ormin.	were as follows:	1 7	Date of onset
kind of work done, es SPI SAWYER, BOOKKEEPER, e [*] 9. fadustry or business in which work wes done, as SILK M SAW MILL, BANK, etc	NNER, A	t Home		V Moleco .	Varileen	
9. fadustry or business in which				There of	my miller	0/28
work wes done, as SILK M SAW MILL, BANK, etc				80 1/10	1.4:	1
O Tate deceased last worked et this occupation (month and		II. Total ti	me (years)	ma	round	1
year)			pation	Other Coutributory Causes of in	mnortance	
12. BIRTHPLACE (city or town) (State or country)	Maryla	nd Luul	Horpita	b		
13. NAME Charles C	ramer.		. 0			
13. NAME Charles C		Maryland		Name of operation	D	ate of
(State or country)				What test confirmed diagnosis?		
15. MAIDEN NAME Edna	Bartle	tt			causes (VIOLENCE) fill in also the	
16. BIRTHPLACE (city or town)	Maryl	and			Date of injury	
O 16. BIRTHPLACE (city or town) (State or country)				Where did injury occur?		
17. INFORMANT Miss. Edn (Addressll Water			, Md.		(Specify city or town, county d in INDUSTRY, in HOME, or in Put	
18. BURIAL, CREMATION, OR REMOV			y 1, 33	Manner of injury		
Place mt Oliv	el	Date	, 19	Nature of Injury	7	
19. UNDERTAKER M. R. Et (Address) Frederic		& Son.		24. Was disease or injury in en	y way related to occupation of decea	used?
20. FILED July , 19 8	- (-)	afm	recudy	(Signed) (Address)	M. Cooke	rauf M.D.
V	If more b	blanks are needed,		2411 N. Charles Street, Baltimore,	Requesting V. S. No. 1.	

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ample I Example II	
h and related causes Date of onset The principal cause of death and related of importance were as follows:	auses Date of onset
1915 Attack of epilepsy	1 week ago
1921 Run over by street car	1 week ago
July 5,1927 Peritonitis .	3 days ago
of importance: Other contributory causes of importance:	
May 1,1923 Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

1.	PLACE OF DE	1 .,			95.8		O	0100
	County Tree					Registration	Dist. No.	
	Village or City	Loodel	le - P.f.	D. Mt.a	death occurred in a hospital or instit	ution, give its NAM	St.,	Ward
	Length of residence i	in city or town where	death occurred		/ /			
2.	FULL NAME	mary &	Slizabis	to Boh	W.			
	(a) Residence: No	o. The	net.		St.,Ward.		~	
-	PERSONAL	AND STATIST	(Usual place		MEDICAL	ERTIFICATE	give city or town a	
3. SE		OLOR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH	ERTIFICATE	OF DEATH	
p	unale ;	White.	OR DIVORCE	D (write the word)	gune	(Month)	20 (Day)	, 193 3
a. I	f married, widowed, or HUSBAND of	diyorced	1 2	0				
	(or) WIFE of	sirley I	V. 1307	me.	dum 17	YCERTIF	Y. That I attended	
	Tr. or piper (it	/ . / .	506-16-	.3	I lest saw h elive on	19-37, 10-0		19.33
. A	ATE OF BIRTH (month	, day, end year) / 6	Deys	If LESS then	to have occurred on the date stat	ed shows at 1.1	473	; death is sal
	14.5	n	100	l day,hrs.	The PRINCIPAL CAUSE OF DEA			
T	8. Trade, profession, o	1	1 //	ormin.	were as follows:	siles.		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				Cardial			Lucas	
	9. Industry or busines work was done,		- 6		- Course	a distance		17-10
3	SAW MILL, BAN	VK, etc						
3	10. Date deceased last this occupetion (year)	(month end	sper	ime (years) nt in this				
-	year)	P	0000	ipation	Other Contributory Causes of imp	ortance:		
12. I	SIRTHPLACE (city or to (State or country)	wn) Tredu	all los.	»				
:	13. NAME	esses (R	11 1	1 •				
N I I I	13. NAME	P.	-10					
	14. BIRTHPLACE (city of State or country)		and for	2	Name of operation			W.
Ť		h	DI	20	What test confirmed diagnosis?			
	15. MAIDEN NAME	Drora.	Digital	lo,	23. If death wes due to external ce			
	16. BIRTHPLACE (city of (Stete or count)		amlan		Accident, suicide, or homicide?	***********	Dete of injury	, 19
	18	'- P. 21	12/1		Where did injury occur?	(Specify city or	town, county and S	tate)
7, 1	(Address)	FD MT	I BY DA	7	Specify whether injury occurred i	n INDUSTRY, In HO	ME, or in PUBLIC	PLACE.
8. B	URIAL, CREMATION, O	77.17	1 / / / / / / / / / / / / / / / / / / /		Manner of Injury		***************************************	
	Place Janep	cet laun	tigoate Jum	1933	Neture of injury			
0 !	INDEDTAKED 11	m. m.	Mr.		24. Wes disease or injury In eny	vay related to occur	ation of deceared?	
9. U	(Address)	Winsiel	Ama		If so, specify A	- A	7	
20 -	9	. 2/2	771	X =5 -2 .	(Signed)	8 91	rashe	M
.U. F	ILED	.,, 19 7.	The state of the s	Registrar.	(Address)	aire	Med	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITI	ONAL SPACE FOR FUR	THER STATEMENTS BY P	HYSICIAN,
to author	ization of Ma	to make you	su buth certific
	0	-	

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County Village or City Village or City Langth of residanca in city or town where death occurred Langth of residanca in city or town where death occurred Langth of residanca in city or town where death occurred Quity (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARIED, WIDOWED, OR DIVORCED (currice the word) OR DIVORCED (currice the word) 5. If marriad, widowed, or divorced HUSBAND of (Or) WIFE of DATE OF BIRTH (month, day, and year) Months 1 (Lass than late and above, at last and shows, at last and shows, at last and shows, at law, and year) No. (Lisual place of abode) St., Ward. If nonresident give city or town and the month of	
Village or City Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and not a hospital or institution, give its NAME instead of street and not	number)
(If death occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in a horpital or institution, give its NAME instead of street and not have occurred in u. S. If of foreign birth? St., Ward. 1 f nonresident give city or town and medical or institution, give its NAME instead of street and not have occurred in u. S. If of foreign birth? MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. I HERE BY CERTIFY. Liket I attended or institution, give its NAME instead of street and not have occurred in u. S. If of foreign birth? 1 how long in U. S. If of foreign birth? MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. I HERE BY CERTIFY. Liket I attended or institution, give its NAME instead or institution.	number)
Langth of residence in city or town where death occurred yrs, mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word) For if marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than I day, hrs. or min. I day, hrs. or min. A Trade profession or particular. A Trade profession or particular.	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. LIF marriad, widowed, or divorcad HUSBAND of (or) WIFE of DATE OF BIRTH (month, day, and yaar) AGE Yaars Months Days If LESS than 1 day,hrs. Ormin. The PRINCIPAL CAUSE OF DEATH and ralatad causes of importanca wera as follows:	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. 1 HER EBY CERTIFY, That I attended of the profession or particular of the profession or particular of the profession or particular. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. 1 HEREBY CERTIFY, Ibet I attended of the late stated abova, at	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than I day, hrs. or min. 1 day, hrs. or min. 21. DATE OF DEATH (Month) (Day) 22. 1 HER EBY CERTIFY, Thet I attended to have occurred on the late-stated abova, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	State
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than I day,hrs. ormin. 1. Trade profession or particular.	, 193 3 (Year)
7. AGE Yaars Months Days If LESS than I day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	dacaased from
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
8 Trade profession or particular	
O RINU UI WIN K UUINE, SS STINKEN,	Date of onset
SAWIER, BUUNKEEPER, atc.	
9. Industry or business in which work was done, as SILK MILL,	1931
SAW MILL, BANK, etc 10. Date dacassed last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town) Data of State or country)	
15. MAIDEN NAME Anna Manual Manual 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Date of injury	
(Stete or country) Whera did injury occur?	, 10
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA (Address)	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Codan Hull Centery anarmodel (1) Neture of injury Neture of injury	
19. UNDERTAKER Attitute 40 mg 24. Wes disaasa or injury in eny wey related to occupation of dacaased?	
20. FILED Juns 11, 1933 how H. S. H. Sages (Signed) (Address)	to

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Example I	The same of the sa	Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 20 C1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Auly5,192	7 Peritonitis	3 days ago
	4 3 4	A	
Other contributory causes of importance	18/	Other contributory causes of importance:	
Gallstones	May 1, 92	3 Gastroenteritis	1 year
	-		

	CORD. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA-	
FOR BINDING	S IS A PERMANENT RE	stated EXACTLY.	properly classified. Ex-	cartificata
V. S. No. 1 (-1) (-1) (A. S. R. S. No. 1) (A. S. No. 1) (A	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is vory important See instructions on back of cortificate

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06110
1. PLACE OF DEATH	23
County Freelich	Registration Dist. No. 10
Village or City Lanty and 17 7 D	NoSt., Wal
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Jennie Calim	
(a) Residence: No. Jank Ma X + D. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Lemale White OR DAYORCED (wire the word)	(Month) (Day) (Yeer)
Sa. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	27 - HEBEBY CERTIFY. That I attended deceased fr
6. DATE OF BIRTH (month, day, end year) Nov 28 1865	I last saw haliva on 4 30 - 1922; death is s
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 4 15 Pm.
67 7 2 1 day,hr	to the fallows of DEATH and I diated Causes of Importance
8. Trade profession or particular	Date of on
kind of work done, as SPINNER, bouse Work SAWYER, BOOKKEEPER, etc Douse Work	-c
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc	mor culasi
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	···
O this occupation (month and spent in this occupation occupation	
Alan Human	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Zillen Tissaner Fernice (State or country)	
13. NAME Writhby Caliner	
14. BIRTHPLACE (city or town) Llein Juriney	Name of operation Data of
(State of country)	Whet tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME hot by and 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT LOVERT Calemer	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Zants ma RhD.	
18. BURIAL, CREMATION, OR REMOVAL Place Beltal Grave Juril Date 7/3 1933	Manner of injury
1. 6. 1	lactic of injury.
19. UNDERTAKER Malley of Groots	24. Was diseasa or injury in any way ralated to occupation of decaased
(Addrass) Waefwabow fa	If so, specify
20. FILED feeling 1, 1928 " la Ar Slaves Registrar.	(Signed) Mary Ada Alexandra
	17, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Example I	1	Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06111
1. PLACE OF DEATH	
County Fued 1	Registration Dist. No. 74
Village or City Bussiich	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME ZJ D Cathe &	3
(a) Residence: No. 509 Rogert Ortoma	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Manuel OR Divorced (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of many & Autole	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) for 26 1866	I lest saw h. I. A. alive on A. J. A
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:36 P.m.
67 4 20 1 day,hrs	were as follows:
8. Trade, profession, or particuter kind of work done, as SPINNER,	Date of onset
SAWYER, BDDKKEEPER, etc. Caga Carrella	1 arent
work wes done, as SILK MILL, SAW MILL, BANK, etc.	ungina Trefoux 1932
10. Dete deceased last worked at this occupation (month and year)	
	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Duff \$50 Williams 1928
13. NAME Lamuel Catlett	antrus-Eclipsia labora
13. NAME Amuel Catter 14. BIRTHPLACE (city or town)	Neme of operation. More Date of
(State or country)	What test confirmed diagnosis? Xerrically also Wes there an autopsy? MO.
15. MAIDEN NAME Elsie J. Afairle 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
A / Q A TA II	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAD D. C. CALLETT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Parks Haw M. Dete Mr. 193	Nature of injury
19. UNDERTAKER Office (Address)	24. Was disease or Injury in any wey related to occupation of deceased?
20. FILED JULY 17. 1933 Myo- 14 S- 18 Marie	(Sighed) (Address) RALL MALDE A - MA
If more blanks are model adding See D.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 06112
1. PLACE OF DEATH	23) 129
County Frederick	Registration Dist. No. 15
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs mos.	4s. How long in U.S. if of foreign birth?mosds.
2. FULL NAME (a) Residence: No. 3 Servery Charleston (a) Residence: No. 3 Servery Charleston (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	St., Ward. Hages town md St., Ward. Hages town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (193 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
O17311913	I last saw harm affice on 1932, to 4 1933; death is seld
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at
19 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end retated causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER level in SAWYER, BODKKEEPER, etc.	
9. Industry or business in which	P. Pamona aby Tuber cu lara
work wes done, as SILK MILL, Pls Laurant	VMVIVIUM JMV OCCUSV 203
SAW MILL, BANK, etc. 11. Total time (yeers) this occupation (most) and year) 11. Total time (yeers) spent in this occupation (cupation year) 11. Total time (yeers) spent in this occupation year)	ν
12. BIRTHPLACE (city or town) Maryland. (State or country)	Dither Contributory Causes of importance:
13, NAME Have Cline	
13. NAME FULL COLOR 14. BIRTHPLACE (city or town) When the color color (Color Color	Name of operation work Date of
(State or country)	What test confirmed diagnosis? X ray Clean & Bos. Was there an europsy? My
15. MAIDEN NAME Late E. Unclesuled.	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME) Late E. Unclesyeled. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Richard L. Cline (on admission)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place V Justippy Date V 19	Nature of Injury
19. UNDERTAKER CM Juliu 7570	24. Was disease or Injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED (1) 3, 19	(Signed) (Signed) M. D.
Registrar.	(Address) & W.C. Sana Course Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II				
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:				
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

FARGIN RESERVED

V. S. No. 1

SIAIL OF MARYLAND— 1. PLACE OF DEATH	CERTIFICATE OF DEATH U0113
County Fredrices	Registration Dist, No. 144
	NoSt.,War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city or town where daath occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Sellie Clugoli	ne
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Yaar)
. If married, widowad, or divorcad	
(or) WIFE of OLO CLUSSION	22. I HEREBY CERTIFY, That I attended decaasad fro
DATE OF BIRTH (month, day, and year) February 1882	I last saw harmaliva on from 6 19.83: daath is sa
DATE OF BIRTH (month, day, and year) Her 29 1882 AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
47 9 G 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trede, profassion, or particular	were as follows: Dete of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Spouse Work	Banasens of hettoche
9. Industry or business in which	Districe 6 11
work was dona, as SILK MILL, SAW MILL, BANK, atc	- Ker
10. Date deceased last workad et this occupation (month end spent in this	
year) occupation	Othar Contributory Causes of Importance:
BIRTHPLACE (city or town)	
(State or country)	
13. NAME Cindrew Brown	
14. BIRTHPLACE (city or town)	Name of operation
(Stata or country)	What test confirmed diagnosis? May was there an autopsy? 2
15. MAIDEN NAME malinda Jummor	23. If death was due to external causas (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19
(State on country)	Where did injury occur?(Specify city or town, county and State)
INFORMANT SIM Small Lusing	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Wayneston Ga O	Warrand by the control of the contro
Plece Wayneston Tate 6/8 1933	Mannar of Injury
UNDERTAKER Platter y Grova	Natura of injury 24. Was disease or injury In any way ralated to occupation of deceased?
Address) Warneston Ha	(Signad Morris a. Second M. (Address) Thursday M.
Registrar.	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation:—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		the second second second			

		- white will	
	100000000000000000000000000000000000000		
	Secretary A. T.		

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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20. FILED_[3

should state

	MARYLAND-	CERTIFICATE OF DEATH	6115
1. PLACE OF DEATH		192	
County Frederick		Registration Dist. No./2/=	
Village or City Hear Feagavil	lle	NoSt.,	Ward
Length of residence In city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and no second of the long in U.S. if of foreign birth?yrs	
2. FULL NAME Henry Zirmer			
1.	ca casi elle has	J CA Word	
(a) Residence: No Slau Fl	(Usus/place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 12th.	193
5a. If married, widowed, or divorced	11.02	(Month) (Day)	(Year)
HUSBANO of		22. I HEREBY CERTIEY, That I attended of	leceased from
ildred Shttl		June 12, 19 3 3, 10 Jule 12	, 19.3.3
6. DATE OF BIRTH (month, day, and year)	ch 31, 1879		; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at DangKam.	
55 2	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rrer	Slate Cot to	
SAWYER, BOOKKEEPER, etc.		- Swall Eller Smile	12 June 10
work was done, as SILK MILL, SAW MILL, BANK, etc.	rect on titlife	the Fills Langue	
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Andustry or business in which General work was done, as SILK MILL, SAW MILL, BANK, etc. 10, Date deceased last worked at this occupation (month and	11. Total time (years) 18	A Constitute	
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Inryland		Other Contributory Causes of Importance.	
(State or country)			
13. NAME James Henry Culler	r		
13. NAME ames Henry Guller 14. BIRTHPLACE (city or town)	and	Name of operation Date of Date of	
(State or country)		What test confirmed diagnosis?	ulopsy? ZMO
15. MAIDEN NAME Lavenia Zimme		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Lavenia Zimme 16. BIRTHPLACE (city or town)	nd	Accident, suicide, or homicide?	e.1, 19. 3.3
∑ (State or country)		Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Miss. M. Louise C	uller.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	ĆE.
(Address) Frederick, Md		Home o's	4
18. BURIAL, CREMATION, OR REMOVAL Place St. Lukes Fearavillo	June 16 55	Manner of injury Standard Under Standard	me
		Nature of Injury	
19. UNOERTAKER M. R. Ttchison &	Jon.	24. Was disease or injury In any way related to occupation of deceased?	no
(Address) Frederick, 10.	1	If se, specify	

If more blanks are needed, addre State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If se, specify (Signed)

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Example I	W ALLES	Example II				
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
BUREAU V.S.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
		· ·				

-WRITE PLAINLY,

V. S. No. 1 B 06116

1. PLACE OF D	EATH			940
County	Frederic	k	With	Registration Dist. No./3/
	Frederi	1	// (I	NO. St., War If death occurred in a hospital or institution, give its NAME instead of street and number) as, ds How long in U.S. it of foreign birth? yrs. mos. d
2. FULL NAME	lirs. Syl	via Proc	ke Cunning	he m
	o. 313 Rockw		_	St., Ward.
		(Usual place	e of abode)	If nonresident give city or town and State
	AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. C	OLOR OR RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH June 23., 193.3 (Month) (Oey) (Year)
5e. If married, widowed, or HUSDANO of (or) VIFE of	divorced	t B. Cun		22. I HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (mont)	day and year) Se	ept. 13.	1858	I lest saw har alive on Survey Z 3 19.3 3; death is sa
7. AGE Years	Months	Oays	It LESS than	to have occurred on the date stelled above, at
74	9	10	1 day,hrs.	THE LANGE OF DEATH and related courses of importance
8. Trade, profession, kind of work d SAWYER, BOOK	or particular one, es SPINNER, (KEEPER, etc	Housewif		Pate of ones Pectors Pul 2
9. Industry or busine		Home	· · · · · · · · · · · · · · · · · · ·	O The state of the
SAW MILL, BA 10. Date deceased last this occupation year)	worked et /33	11. Total	time (yeers) ent in this 50 yrs cupation	
12. BIRTHPLACE (city or to	Ohio			Other Contributory Causes of importance:
(State or country)				- Orterio Scleroso 400
# 13. NAME Samue	l E. Brooks			
14. BIRTHPLACE (city (State or count		Chio		Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy? 24
15. MAIOEN NAME	Martha E.	hitehen	d	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city (State or coun	· ·			Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Ray			Fred. 13.	Where did injury occur? (Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION,		101111111111111111111111111111111111111		Menner of injury
PlaceIt	livet Cem.	Propose 6/2	26,1933	Nature of injury.
19. UNDERTAKER			11	24. Was disease or injury in any way related to occupation of deceased? Wo
	Freder 2,133	Den	Ceur,	(Signed) Call Thomas M.
		17	Registrer.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	d) of the state of	Example II				
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

STATE OF MARTLAND—CERTIFICATE OF DEA	TE OF MARYLAND—CERTIFICATE OF I	DEAT
--------------------------------------	---------------------------------	------

U	6	1	4 4	-	

1. PLACE OF	F DEATH	1 0		-	94	0	Desistantina	D /	28
Village er 6	ity Near	Pea		(le	No. death occurred in a hospital	or institution	Registration give its NAM	St., E instead of street ar	Ward d number)
2. FULL NA		helip or T		of abode)	St.,Ward.		If nonresident	give city or town a	nd State
PERSON	AL AND	STATISTI	CAL PARTI		MEDIC	AL CER		OF DEATH	
3. SEX Masle	4. COLOR O	te		RIED, WIDOWED, O (write the word)	21. DATE OF DE	Ac	(Me	(0ey)	, 193. 3
5a. If married, widow HUSBANO of (or) WHFE of		ie To	bery.		22. I HER			Y, That i attend	, 19
6. DATE OF BIRTH (7. AGE Yee 8. Trade, profes	69	Months	Oeys 29	If LESS then I dey,hrs.	to have occurred on the of The PRINCIPAL CAUSE were as follows:	late stated at		009m	Date of oncet
9. Industry or work was SAW MIL 10. Date decess this occur year)	business in white done, as SILP. L, BANK, etc ed lest worked petion (month	end Jags	arms a li. Total tin	me (years) t in this pation 4.3	Other Contributory Cause	of importan	eal		
13. NAME 14. BIRTHPLACE (Stete or		Fred	wish	,	Name of operation Whet test confirmed diego				
17. INFORMANT	(city or town)	Fords Hoary Amis	Stine	~	23. If deeth wes due to ext Accident, suicide, or hom Where did injury occur?_ Specify whether injury oc	ernel causes	(VIOLENCE) fil	Il in also the follow Dete of injury	ing:
(Address) A 18. BURIAL, CREMAT Place Mat	ION, OR REM	Vearl OVAL Vel Xou	A Go	edf ,1933	Manner of injury	9			
19. UNOERTAKER (Address) 20. FILED CLINE	Fred	as The	Rice Mod	alconer Registrar.	24. Was disease or injury If so, specify(Signed)(Address)				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation:

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	HF	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	TUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

9r. 9.0. Thomas.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06118
1. PLACE OF DEATH	52)
County Frederick	Registration Dist. No. 138
Village or City Bartonsville	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME las. Magni ann Pavis.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS .	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE female 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word). The color of the	21. DATE OF DEATH June 17th., 3 (Month) (Day) (Year)
ia. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Chas. T. Davis.	22. 1 HEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day, and year) June 10, 1875	I fast saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5 a 1 QP a.m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year).	primary of the scalp congo
12. BIRTHPLACE (city or town) Laryland (State or country)	Dther Coutributory Causes of importanca:
13. NAME Levi Ross.	2
14. BIRTHPLACE (city or town) Laryland (State or country)	Name of operation Data of What test confirmed diagnosis Was there an autopsy?
15. MAIDEN NAME Sugar Thompson.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida?
17. INFORMANT Mr. Chas. 7. Davis. (Address) Bartonsville, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bartonsville Com. Date June 20, 19.33	Manner of injury
19. UNDERTAKERULE R. Etchison & Son. (Address) Frederick, M.	Nature of injury. 24. Was disease or injury in any way related to occupation of deceasad? If so, specify (Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. I. Frecleric & Th. Ca

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclcrosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

06119

1. PLACE OF DEATH	Registration Dist. No. / 3/=
County Ferderick Village or City Frederick	erura, Havilda
4. (!	NO. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Archie Nelville Derr	
(a) Residence: No. 314 Chapel Alley (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the part) Colored C	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND of (or) WIFE of ada Whalen	22. 5 HEREBY CERTIFY, Thet I attended deceased from 5 - 15 1933, to 6 - 29 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS then 1 dey,hrs. orhrs.	to heve occurred on the date stated above, et A, m. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows: Date of onset
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinoma of
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc	liver and lungs 1,931
year) Occupetion 15 12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
13. NAME John Gray	
14. BIRTHPLACE (city or town) (State or country) Maryland	Name of operation Laparatory Date of 1931. Whet test confirmed diegnosis? Vest there an eulopsy? No.
15. MAIDEN NAME Mary Mahoney	23. If deeth wes due to externel ceuses (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Mary Mahoney 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mes Mary Mahongy Gray (Address) 314 Chapel Alley, Fuedence M	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of Johns, Fred Dete 7 1, 19.3	Menner of Injury
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick . Maryland	24. Wes disease or injury in any wey releted to occupation of deceased? If so, specify
20. FILED 29 June 198 3 000 mcludy pristrar.	(Signed)
If more blanks are needed, address blate Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF WARTLAND	CERTIFICATE OF DEATH 06120
1. PLACE OF DEATH	(191)
County Inderick	Registration Dist. No. 199
Village or Gity Thurmon	No.: St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
M. W. M. 11 11	A D
and the same of th	Nota.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fruel White OR DIVORCED (write the word)	June 20 , 193 8
5a. If married, widowad, or divorced	(Month) (Day) (Yaar)
HUSBAND of Or WIFE of ARMAN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	22. / I HEREBY CERTIFY, That I attended deceased from
J. Way P - Cal	June 28 , 19 83 , 10 June 28 , 1935
6. DATE OF BIRTH (month, day, and year) Llo 26 ~ 186/	I (ast saw h alive on, 19.3.3; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 1250 P.m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	Chrome Endo Cardilis pronto March
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	1933
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stata or country) Pud	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
13. NAME John Wakefuld	
13. NAME ohn Watefuld 14. BIRTHPLACE (city or town) Bristie	Name of operation Date of
(State or country) England	What test confirmed diagnosis? Mugua al Office Was there an autopsy?
15. MAIDEN NAME Carolin Farin	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Caroling Faring 16. BIRTHPLACE (city or town). State or country)	Accident, suicide, or homicide? Data of injury 19
E (State or country)	Where did injury occur?
17. INFORMANT Miss. My July Phrom de & &	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Hurry Mid	
18. BURIAL, CREMATION, OR REMODAL Y	Manner of injury
Place Date Date Date 19	Nature of injury
19. UNDERTAKER TO E. Cline & Le	24. Was disease or injury in any way related to occupation of deceased?
(Addyess) Frederica ned 1	If so, specify
20. FILED June 28, 193.3 anna M. (Duck	(Signed) Morris a. Suely M.D.
Registrar.	(Address) Thursouft Ind.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerasis	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis	1921	Run over by street ear	1 week aga
Cerebral hemorrhage	July 5, 1927	Peritanitis	3 days aga
Other contributory causes of importance	e:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND-CERTIFICATE OF DEATH 16121 of infor-1. PLACE OF DEATH County Frederick should Registration Dist. No. / orhin the Cervorate Frederick Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town whera death occurred How long in U.S. if of foreign birth? ______vrs.__ 2. FULL NAME RECORD. (a) Residence: No If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21, DATE OF DEATH June 19th. OR DIVORCED (write the word) white female (Month) (Day) BINDING 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I attended deceased from (or) WIFE of L. Droneburg June 25, 1906 6. DATE OF BIRTH (month, day, end yeer) certificate to have occurred on the date stated above, et 5 . 30 7. AGE Years Days If LESS than I day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 26 or____min. wera es follows: 8. Trada, profession, or particular THIS OCCUPATION RGIN RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... Housewife back may 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this that instructions occupation Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER Fox. 13. NAME arvland See 14. BIRTHPLACE (city or town). Neme of operation (State or country) carefully What test confirmed diagnosis?____ d MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury 19 (Stata or country) Where did injury occur? ____ (Specify city or town, county and State) Mr. John M. Fox. Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should (Address) Frederick OF 18. BURIAL, CREMATION, OR REMOVAL TION Natura of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILEDAD Registrat

If more Vlanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Yeer)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUL 0 1933				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis •	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
		5 4				

STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH	61.3
1. PLACE OF DEATH				
County Francisco			Registration Dist. No. / 5	/
Village or City Aut Plea		No.	St.	,War
Length of residence in city or town where death o			ution, give its NAME instead of street of foreign birth?yrs	
2. FULL NAME alies M	Ecker"			
(a) Residence: No. Lout Pl	insont.	St., Ward.		
	Usual place of abode)		If nonresident give city or town	
PERSONAL AND STATISTICAL 3. SEX 4. COLOR OR RACE S. SI			ERTIFICATE OF DEAT	Н
Female White	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH	(Month) Ilm (bay)	, 198 (Year)
5a. If married, widowed, or divorced HUSTAND of (of) WIFE of Growbury	cker	22. I HEREBY	Y CERTIFY, That I atten	ded deceased from
6. DATE OF BIRTH (month, day, and year)	9 out 1894	Cast saw hea alive on	61 12 19	33 : death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date state	ed above at 1 2 m.	
39 4	2 4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEA	TH end related causes of importence	Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	werite	Ryfl &	Mynno	14
9. Industry or business in which work was done, as SILK MILL,		Heart	(P.Y	Kim
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	11, Total time (years)	Plothisa	ac Mylan	Day
year)	spant in this occupation	Other Contributory Causes of Imp	They	4 Cyc
12. BIRTHPLACE (city or town)		The state of the s	all the	The
(State or country)	1	- chy si	w por	
I COUNTY	aguer			
14. BIRTHPLACE (city or town)		Name of operation		of
15. MAIDEN NAME Eoligalet	2 Duting		Was there uses (VIOLENCE) fill in also the follo	
16. BIRTHPLACE (city or town)			Date of injury	
(State or country)		Where did injury occur?		
17. INFORMANT Jecology (Address)	Ecker	Specify whether injury occurred i	(Specify city or town, county and n INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury		
Place Line Line Dat	e. kwe 20 1933	Nature of injury		
19. UNDERTAKER Pougle La (Address)	lough	24. Was disease or Injury in any v	vay related to occupation of deceased	John.
20. FILED 23 - Jun 1933 / &		111	MAN / LAND V	W/V

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAUV			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

Registration Dist. No. No. No. St., Waldeath occurred in a hospital or institution, give its NAME instead of street and number) 3. ds. How long In U.S. if of foreign birth? yrs. mos
No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 3. ds. How long In U.S. if of foreign birth? yrs. mos
3 ds. How long In U.S. if of foreign birth?
3 ds. How long In U.S. if of foreign birth?
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from May 1, 19.33, to June 20, 19.33; death is sat to have occurred on the data stated above, at 1.15 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from the company of the company
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from the company of the company
21. DATE OF DEATH June (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from the company of the company
(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from the company of the c
May 1, 1933, to June 20, 19 51 I last saw ham alive on June 2 , 1933; death is sa to have occurred on the data stated above, at 1.15 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
May 1, 1933, to June 20, 19 51 I last saw ham alive on June 2 , 1933; death is sa to have occurred on the data stated above, at 1.15 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
to have occurred on the data stated above, at 1.15.0 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
to have occurred on the data stated above, at _1.1.5 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ware as follows:
Uate orons
Deplecence may +
Other Contributory Causes of importance:
mile Jangrene May 1
felt foot
Name of operation
What test confirmed diagnosis? Was there an autopsy? To
23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of daceased?
(Signed) Selfer gas M. (Address) Frederick, Only

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clcrk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		Egot & Har, Edit	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. V. S. No. 1

IARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	CERTIFICATE OF BEATH 001.20
County Brumawick	Registration Dist. No.
Village or City Bruns week mi	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Som / Me Son	
(a) Residence: No. 2 9 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or dyorced	(Month) (Day) (Year)
HUSBAND OF Sedony Matheway	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) / 6 12 - 18K1	I last saw h alive on, 19, death is sain
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 43 C-m.
1841 92 7 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Duf the devely
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	no President Day
10. Date deceased last worked at this occupation (month and pear) the year) this occupation (month and occupation occupation occupation occupation occupation	Gran death
12. BIRTHPLACE (city or town) Cucly (C) (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town)	\
4. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME W	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Noneal Ary son	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place afant Ville Date Leve 23, 19.3	Nature of injury
19. UNDERTAKER John & Daeley	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1923 Mg H.S. Hidges	(Signed) M. [
Registrar.	(Address) Teles San Comp

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	f		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

1. PLACE OF DEATH	<u> </u>
County of rederick	Registration Dist. No. / 3.5
Village or City Wolfavelle	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
0) & 11	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Lee Gordon Itan	Shman.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nucle S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (more the word)	21. DATE OF DEATH Fine 8 193 3
Sa. If merried, widowed, or divorced	(North) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 0 100	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Deys If LESS than	I last sew h; deeth is seld
1 day,hrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or perticular	were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still Rome
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	()
SAW MILL, BANK, etc	(Enlarged or over
this occupation (month and year) occupation	Sine It: 11
14. 11 100	Other Coatribatery Causes of importance:
12. BIRTHPLACE (city or town)	
The part of the pa	
T 700 00 000	
4 14. BIRTHPLACE (city of town) (State or country)	Name of operation
15. MAIOEN NAME Matte	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIOEN NAME Mette Hahman 16. BIRTHPLACE (city or town) Walfamille (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Occident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) War and Construction (State or country)	Where did injury occur?
17. INFORMANT Roy Harshinger	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) R.J. Muse ravillo m d	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injuty
Place Myllsvelle Dete James 8-, 1933	Neture of injury
19. UNOERTAKER ENGLY TO THE MAN AND THE STATE OF THE STAT	24. Was disease or Injury in any wey related to occupation of deceased?
20. FILEO June 8, 1933 Charles L. Latherman	(Signed) W Hausey M.D.
If more blanks are needed, address State Registrar,	The second of the second

STATE OF MARYI AND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arleriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 061	27
1. PLACE OF	DEATH	- 20 4.00			
CountyF	rederick			Registration Dist. No. / 2/	_
Village or Ci	ty Near Jeffe	rson			
	dence in city or town where		.8 yrs 2 mos	No. St., f death occurred in a hospital or institution, give its NAME instead of street and n 2 ds. How long in U.S. if of foreign hirth?yrsmo	umber)
2. FULL NA	WE Joseph Gr	ayson - Ly	ker		
(a) Residence	e: No. Near	Jefferso (Usual place		St., Ward. If nonresident give city or town and	State
PERSON	AL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
male	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 21st (Month) (Day)	, 193 <u>S</u>
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced	le		22. I HEREBY CERTIFY, That Lattended of June 15th, 19 33to June 21st	deceased from
	1	prií 12,	1015	last saw him alive on June 21st. 19 33	19
6. DATE OF BIRTH (, , , , , , , , , , , , , , , , , , , ,	Days	If LESS than	to have occurred on the date stated above, at 10 40Å m.	, death is said
	18 2	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profes			ormin.	were as follows: Septicemia, due to abrasion	Bate of onsoly 33
kind of w	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	At home		on left forearm.	0/ 10/ 00
kind of w SAWYER, 9. Industry or t Work was SAW MIL 10. Date decease		Invalid			
10. Date decease this occupyear)	d last worked at pation (month and	spa	ime (years) nt in this upation		
12. BIRTHPLACE (cit (State or coun		and		Other Coutributory Couses of importance:	~~~~~~
₩ 13. NAME	Joseph T. Ha	wker.			
13. NAME 14. BIRTHPLACE (State or	(city of town)	land		Name of operation Date of	NT.
1	35 7 7	earl.		What test confirmed diagnosis? Was there an a	
E	(city or town)	aryland		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury	
17. INFORMANT	Mrs. Mary R. Lander, Md.	Hawker.		Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ICE.
18. BURIAL, CREMAT	ION, OR REMOVAL			Manner of injury	
Place_Jef	ferson Luth. C	lembate Jun	19.251,1955	- Nature of injury	
19, UNDERTAKER	M. R. Etchiso Frederick, Md			24. Was disease or injury in any way related to occupation of deceased? If so, specify	io
20. FILED 22-1	unc 10 3 3 200	J m	Curly Register.	(Signed) (Address) Frederick, Maryland.	M. D.
V	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
	Integ 1,10x0	(10)1703107010	1 year

V. S. No. N

1 01 40			OF MAR	YLAND-	CERTIFICATE	OF DEATH	1 06	128
	E OF DEA			W 12777	a shares		12	1
	77	ederick				Registration Dist.	No. / 2 /	
Village	e or City			(li	No	itution, give its NAME inste		number)
				4_yrs8mos	ds. How long in U.S. i			
2. FULL	NAME 1		justus He	ini.	~~~~~			
(a) R	esidence: No	20 East			St., Ward.			
DED	SONAL AN	DETATION	(Usual place	of abode)	MEDICAL	If nonresident give of		State
3. SEX	4. COLO	R OR RACE	S. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH	June 25th	1.	, 193 3
5a. If married,	, widowed, or divo	rced ,		:		(Month)	(Day)	(Yeer)
(or) WIF		ira B. Ho	ooper			Y CERTIEY,	That I attended	
6. DATE OF E	SIRTH (month, da)	(, and year)	et. 20,	1868	I last saw have a live on (I found his	deed 19	; death is said
7. AGE	Years	Months	Oeys	If LESS than	to heve occurred on the date st	ated above, at 7 . 3044	.m.	
	64	8	3	1 day,hrs.	The PRINCIPAL CAUSE OF DE were as follows:	ATH and related causes of	mportance	Date of onset
10. Dato	ork was done, as S W MILL, BANK, of deceased last wor is occupation (mon ar)	ked at 10/31	11. Total	penter For lime (years) 40 natin this upation	Other Cantributory Causes of in	nportance:		
	or country)					4		
当. NAME	Lewis A.	Heim.						
	IPLACE (city or to State or country)	wn)Geri	many.		Name of operation What test confirmed diagnosis?			
15. MA10	EN NAME RO	se Foster			23. If death was due to external of			
	IPLACE (city or to state or country)	wn)Geri	wrijî.		Accident, suicide, or homicide? Where did injury occur?			
17. INFORMAN	ess) Fr	ura E. H	ein. Ud		Specify whether injury occurred	(Specify city or town I in INOUSTRY, in HOME, o	, county and State of in PUBLIC PL	te) ACE.
18. BURIAL, C	REMATION, OR R	Cem.Fre	d Date June	27, ,19 33	Manner of injury			
19. UNDERTAI			n & Son.		24. Was disease or injury in eny	way related to occupation	of deceased?	Ho 21
20. FILED 2	fume	193 3 800	2 m	eeurl Registral	(Signed) (Address)	rederech	feely	1 M.D.
U		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore,	Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis V.	. 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL
---	------------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

ARGIN RESERVED FOR BINDING

SIAIE	F MARYLAND—	CERTIFICATE OF DEATH	1.3
1. PLACE OF DEATH	- 07	(159)	
county treder	iel C	Registration Dist. No. / 3 /	1.3
Village or City	y lower (1)	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	Wa
Length of residence in city or town where de			
2. FULL NAME CEL	I No	Huccu	
(a) Residence: Np.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and Sta	le
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		3.3.
a. If married, widowed, or divorced	Nug oc	(Month) (Oay)	(Year)
HUSBAND of (or) WIFE of	U	22. HEREBY CERTIFY, That I attended dec	
B. DATE OF BIRTH (month, day, and year)	me 12,1933	lest saw h_Man_ alive on 6 / 2 19 33; d	-
. AGE Years Months	Oays If LESS than	to heve occurred on the date stated above, at	
	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ate of o
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	2100		
SAWYER, BOOKKEEPER, etc		- Hudlethe	
work was done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
n	11	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town) (State or country)	1		
13. NAME ON GOLD	Nelle avan		
and the first	of Julian	7474	
14. BIRTHPLACE (city or town)	Mil	Name of operation Date of Date of	
	Fool	What test confirmed diagnosis? Was there an auto	osy?
13. MAINE AND COMMENT	3	23. If death wes due to external causes (VIOLENCE) fill In elso the following:	
15. MAIDEN NAME A CLASS & CONTROL OF THE CONTROL OF	2710	Accident, suicide, or homicide? Oete of injury	., 19
7. INFORMANT Allers La	Nothwan	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Lafally	looker will		
B. BURIAL, CREMATION, OR REMOVAL	1. 19	Manner of Injury	
Place fleater Ham	Oate July 2, 1933	Nature of Injury	
9. UNDERTAKER OUTELY (Address)	all cereff	24. Was disease or injury In any way related to occupation of deceased?	
D. FILED June 13, 1927 7/	Danfina	(Signed)	N
//	Registrar.	(Address)	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
PATREA	7.3.			
Other contributory causes of importance	: a gran	Other contributory causes of importance:	12 10 10	
Gallstones	May 1,1923	Gastroenteritis	1 year	

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V. S. No. 1

of OCCUPA-

	STATE	OF MARYLAND-	CERTIFICATE OF DEATH	0.0
	1. PLACE OF DEATH	1 1	207-9	30
	County	freel	Registration Dist. No.	4/
	Village or City Bra	monnelo (II	No. St., f death occurred in a hospital or institution, give its NAME instead of street and no	Ward wmber)
11	Length of residence in city or town v		ds. How long in U.S. if of foreign birth?yrsmos	
1	2. FULL NAME Car	oll H. How	and me offa	
1	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and S	
	PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	nate
3.	Male Ushit	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH LANGE 18	193.3
5a	If married, widewed, or diverced HUSBAND of	0 1 11-1	(Month) (Day) 22. I HEREBY CERTIFY, That I attended d	(Yaar) eceased from
		Cadys Howard	, 19, to	, 19
6.	AGE Years Mont	hs Days If LESS than	I last saw h	death is said
inc	38	7 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
certificate	8. Trada, profassion, or particular	ormin,	were as follows:	Date of onset
PATION	kind of work done, as SPINNE SAWYER, BOOKKEEPER, atc	R. Meckanie	Don Cuesto,	
back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			
3 B	CAMINALLY DANK of	11. Total time (years)	Butter mes mulanese	
9 9	this occupation (month and year)	spent in this occupation		
instructions on	2. BIRTHPLACE (city or town)	ogiza e	Other Contributory Causes of importance:	
	(Stata or country)	U		
inst HER	13. NAME Hopoleon	Howard		
See II	14. BIRTHPLACE (city or town)	1/2	Name of operation Date of	
-	(State of Country)	1 m. +=611	What test confirmed diagnosis? Was there an au	topsy?
important.	16. BIRTHPLACE (city or town)	1 Fra	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide? Date of Injury	8,1937
M N	(Stata or country)	90 1 11	Whara did Injury occur? (Specify city or town, county and State	med
17	7. INFORMANT (Address) Lees	burt Duard	Specify whether injury coulded in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
130	B. BURIAL, CREMATION, OR REMOVAL Placa Musing De	2 Date June 20, 1933	Mannar of injury Rece over by Cuffee	·
NOLL 19	9. UNDERTAKER Off First	gran O	24. Was disease or injury In any way related to occupation of deceased?	ro
	(Addrass) Ams	rain my	If so, spacify	
20	D. FILED JOHN 19 33	Mrs. H.S. H. A. Begistrar.	(Signad) (Addrass) (Addrass)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 6 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEA Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town where death occurred How long in U. S. if of foreign birth? yrs. mos. ds. statement 2. FULL NAME/Sa RECORD. (a) Residence: No. / / (Usual place of abode) If nonresident give city or lown and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SFX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (perite tha word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Days to have occurred on the date stated above, at 1 day, ___ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ormin. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. .. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation instructions Othar Contributory Causes of Importanca: (State or country supplied FATHER 13, NAME 14. BIRTHPLACE (city or town Name of operation. plain (State or country) carefully What test confirmed diagnosis? _____ Was there an eutopsy? MOTHER important. 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Date of injury_______ 19 16. BIRTHPLACE (city or town) DEATH (Stata or country) Whera did Injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods (Address) OF 18. BURIAL, CREMATION Manner of injury -WRITE 24. Was disease or injury In any way related to occupation of decaased? 19. UNDERTAKER (Address) If so, specify 20. FILED L

RINDING

RESERVED

V. S. No. 1

Date of onset

Registar. If more offinks are needed, address Star Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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S. V. 7. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year
5			
		A CONTRACTOR OF THE STATE OF TH	

Registration Dist. No. 139
No. Md. St., Ward
death occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U.S. if of foreign birth?yrsmosds.
ferson
Ward. Balto md.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended decaased from
may 25 ,1933, to June 8 ,19 33
I lest saw h
to have occurred on the date stated above, at 2. Pm.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Pulmonary Tuberculosis
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Other Coutributory Causes of Importance:
none
Name of operation
What test confirmed diagnosis? Child X 2 ay Was there an au'opsy? Was
23. If death was due to external causas (VIOL ENCE) fill in also tha following:
Accident, suicide, or homicide? Dete of injury, 19
Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Menner of Injury
Neture of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify A through Straffer M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06133
1. PLACE OF DEATH	(23)
County Frederick	Registration Dist. No. 139
Village or City State Hanatorium	No. Md St., Ward
Length of residence in city or town where death occurred/yrs	death occurred in a horpital or institution, give its NAME instead of street and number)  2. ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME John L Tellery	
(a) Residence: No. ARYLAND TUBERCULOSIS SANA	TORALIM Ward, Baltimore Ind.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MIL	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That	21. DATE OF DEATH June 14 , 193 3 (Year)
5a. If married, widowed, or divorced  SUSBAND of  OCT.  OCT.  The State of	1 HEREBY CERTIFY. Thet I attended deceesed from
6 DATE OF BIRTH (month day and year) Sales 15 1906	1   1   1   1   1   1   1   1   1   1
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at .5.5.9. P.m.
26 10 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	Pulmonary Tuberenlosis July 1928
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and 1928 spent in this occupation was a company of the	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Maryland (State or country)	from from hemonnage
13. NAME Charles Tellery	
13. NAME Charles Jeffery 14. BIRTHPLACE (city or town) (State or country)  Maryland	Name of operation Date of
IS. MAIDEN NAME Nose Preires	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Nose Styles  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Maryland	Where did injury occur?
17. INFORMANT John & Jeffley onadmission (Address) Balts Tid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Gallinore Date unknow, 19	Nature of injury
19. UNDERTAKER M. L. Creager Way Land	24. Was disease or injury in any way releted to occupation of deceased? NO
20. FILED 9/ 4/37, 19 Registrar.	(Signed) Paul Cohen M.D. (Address) State Landoning of
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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	item	shot	of 0		The second
	KD. Every	YSICIANS	statement		
	T RECO	Y. PH	Exact		THE RESERVE THE PERSON NAMED IN
TATTIAN	RMANEN'	XACTL	classified.		
ron bi	IS A PE	stated E	properly	certificate.	
ELD	HIS	be	be	Jo	
ARGIN NESERVED FOR BINDING	B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every nem of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	TION is very important. See instructions on back of certificate.	
	B.—WRITE PLAINLY,	mation should be ca	CAUSE OF DEATH	TION is very impor-	

	92
1. PLACE OF DEATH	20-9
county trederick	Registration Dist. No. / 8 6
Village or City Near Wrbana hed	NoSt.,Wa
Length of residence in city or town where death occurredyrsr	(If death occurred in a horpital or institution, give its NAME instead of street and number)  nos
2. FULL NAME Rosale, ander	Jewell
3 1 1 1 1 1 1 1 1	Ward Word
(a) Residence: No. 11 Mary Mary (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH June 3 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of name Walter gwal	22. I HEREBY CERTIFY, That I attended deceased fr
6. DATE OF BIRTH (month, day, and year) Luces 12-188	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
50 // 2/ 1 day,h	THE TRIBET AL CAOSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: automobile a carder Oald of Tons
kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and this progration of month and specific programs).	stace crushed
9. Industry or business in which	land nick
work was done, as SILK MILL, SAW MILL, BANK, etc.	broken
O 10. Date deceased last worked at this occupation (month and year)	
tool sick P	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Mallaca Or Pales of
	- Comment
13. NAME DON'T RECOMMENDED TO THE PROPERTY OF	Con covered
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Supar Smith  16. BIRTHPLACE (city or town) Frederick S. Me	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Trederick S. Me	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN Mrs. Myster Vernkles (Address) Mourova med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Park Municipal Steem 6, 19	Nature of injury
19. UNDERTAKER 6-E, Cline Hon	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
1 - 1 22 looks of him	(Signed)M
20. FILED 400 3 , 19 3 7 7 7 7 7 7 19 19 19 19 19 19 19 19 19 19 19 19 19	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Length of residence in city or town where death occurred by yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? Was long	1. PLACE OF DEATH	0	92-0		1.40
Length of residence in city or town where death occurred the yes, mos.  2. FULL NAME CHARGE STATES S	County Inc	de la companya della companya della companya de la companya della		Registration Dist. No.	141
2. FULL NAME  (a) Residence: No. Sand Consultation of abode)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  OR DIVORCED (write the word)  5. If merried, widowed, or divorced into which the word or only wife to divorced into the word or only wife to divorced into the word or only wife to divorced into the word or only wife to divorce with the word or only with the word or only wife to divorce with the word or only wife to divorce with the word or only with the		1/1	death occurred in a hospital or institu		
(a) Residence: No. SAM (Usualplace of shocks)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE  S. SINGLE MARRIED, WIDOWED, OB DYORCED (core: the word)  5. If merried, widowed, or diverced from the word)  6. DATE OF BIRTH (month, day, end year)  6. DATE OF BIRTH (month, day, end, year)  7. AGE  Yeers  Months  Days  II LESS than I day, hrs. or min.  8. Trade, profession, or particular  SAMYER, BOOKER FWE, No.  2. Industry to bashess in which and selected causes of importance were as follows:  SAW MILL, BARK, etc.  10. Date Goessal bast worked at spent in this occupation month and was pent in this occupation (month and was pent)  13. SAMYER, BOOKER FWE, No.  14. BIRTHPLACE (city or town)  (State or country)  14. MADEN HAME  15. MAIDEN HAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANY  18. BURIAL, REMATION, DR RENDOVAL  Place Marked Mark  Date of injury  Neme of operation, or mine of operation of development of developm	1	00 3. Names			
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  OR		(Usual place of abode)	St.,Ward.	If nonresident give city or tow	vn and State
So. If married, widowed, or divorced (Wosh)  So. If married, widowed, or divorce, at the second for the date stelled gloove, at the parried of the second for the second fo	PERSONAL AND STAT		MEDICAL C		
5. If merried, widowed, or divorced HUSBAND of (or) WIFE of MANUEL PROBLEM OF BIRTH (month, day, end year) Off 2   1   1   1   1   1   1   1   1   1	3. SEX 4. COLOR OF RAC	OR DIVORCED (write the word)	21. DATE OF BEATH	(Month) (Day)	, 193 S.
TAGE Yeers Months Deys If LESS than I day. hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER. Or min.  8. Irade, profession, or particular kind of work done, as SPINNER. Or min.  8. Irade, profession, or particular kind of work done, as SPINNER. Or min.  8. Irade, profession, or particular kind of work done, as SPINNER. Or min.  9. Industry or business in which have the some as SILK MILL.  9. Industry or business in which work was done, as SILK MILL.  9. Industry or business in which work was done, as SILK MILL.  9. Industry or business in which work was done, as SILK MILL.  9. Industry or business in which work was done, as SILK MILL.  9. Industry or business in which work was done, as SILK MILL.  9. Industry or business in which work was done, as SILK MILL.  9. Industry or business in which work was done, as SILK MILL.  9. Industry or business in which work was done, as SILK MILL.  9. Industry Causes of importance:  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  18. BURIAL, ORMAIDN, DR REMDVAL  Place Will.  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Was disease or finjury in environment of injury.  19. UNDERTAKER  19. J.	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mariah	Phalen	X50 V.1		
8. Trade, profession, or particular that of the control of the con		ths Deys If LESS than I dey,hrs.	to have occurred on the date stet	ed bove, at . T m.	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  (Address)  ACCIDENT MAIDEN NAME  23. If death wes due to external causes (VIDLENCE) fill in also the following:  ACCIDENT MAIDEN NAME  24. If death wes due to external causes (VIDLENCE) fill in also the following:  ACCIDENT MAIDEN NAME  25. If death wes due to external causes (VIDLENCE) fill in also the following:  ACCIDENT MAIDEN NAME  26. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  ADM Mass there an autopsy?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  ADM Manner of injury  (Signed)  (Signed)  (Address)	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this	Occur M	Insufficiency yscirclistis	y linku
What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  A Manuelly or town, county and State)  Specify whether injury occur?  Specify whether injury occur?  Specify whether injury occur?  Specify whether injury occur?  Manner of injury  Nature of injury in the way related to occupation of deceased?  What test confirmed diagnosis?  A Manuell of the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occur?  Specify whether injury occur?  Specify whether injury occur?  Specify city or town, county and State)  Specify whether injury occur?  Specify city or town, county and State)  Specify whether injury occur?  Specify whether injury occur?  Specify city or town, county and State)  Specify whether injury occur?  Specify city or town, county and State)  Specify whether injury occur?  Specify city or town, county and State)  Specify whether injury occur?  Specify city or town, county and State)	(State or country)	July to me	Other Contributory Causes of important	ortance:	Jukno
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, DR REMOVAL  Place  Pla	(State of country)	Harper Ferry W. It		. 044/	4.0
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATIDN, DR REMDVAL Place Language Manner of injury  19. UNDERTAKER (Address)  20. FILED MM. 19.33 MM. 14 Language (Signed)  (Address)	16. BIRTHPLACE (city or town)	Fred Co	Accident, suicide, or homicide?	Date of injury	
Place With the Date Min 19, 1933 Nature of injury  19. UNDERTAKER 1773 + 2	17. INFORMANT AMM (Address)  18. BURIAL, CREMATION, DR REMOVAL	To Kardney			
20. FILED JUL 17, 19 33 MM. /4 J. Widges (Signed) (Address) P. U. MALTER MO.	Place Elizabell M	Date 1111 19, 1933	Nature of injury	vay related to occupation of decease	ed? MO
	20. FILED June 17 , 19 33		(Signed) (Address)	was Stoffa	Mol M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroen teritis 1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	06136
county Tre derich	Registration Dist. No. / 2/
Village or City Montevue Hospital	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. S ds. How long in U.S. if of foreign birth?
2. FULL NAME Was Mannie Late	
(a) Residence: No. 3 nursuout My	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  The drive d.	21. DATE OF DEATH (Month) (Day) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Sate	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1857, June 27	last saw h. 42 alive on President 19.33; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete taled above, at 332m.
75       7	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this excuraction (mostly and the same this sequential of mostly and the same thing sequential of mostly and the same things are same things same things.	arenia 2-3-3
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	Chronie parenely matous nephritis.
this occupation (month and year) 11 ay 28,1933 spent in this occupation 50 year	Duration: not stated lugg
12. BIRTHPLACE (city or town) . Maryland	Other Contributary Causes of Importance:
(Slate er country)	nephretio Jan 3-3
13. NAME John Derr 14. BIRTHPLACE (city of town) Waryland	
14. BIRTHPLACE (city or town) Waruhand	Name of operation Date of
(State of county)	What test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME China Way Ward	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME ama Way Ward  16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT James. a Jones Server Jak M. A.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR, REMOVAL	Menner of injury
Place Callinue for Day 14- June, 19.3.	Nature of Injury
19. UNDERTAKER Topiah Sy fon (Addyss) 1600 W. North aug Fall	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED/2 June, 1903 Amount	(Signed) 13.0 The same M. D.  (Address) The same M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 doys ago
		CEVISOR!	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gostroenteritis	1 year
·			

FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county it rederick	Registration Dist. No. 137
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME YS lyjamun ct.	Law pot ind
(a) Residence: No. 14 AND TURERCULOSIS SANAT	ORSUM Ward. Sale of the North o
PERSONAL AND STATISTICAL PARTICULARS MD	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR.OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ME 9, 193 3
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of wylknown	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ouril 1867	Hast saw ham alive on June 9 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 2:30 /2 m.
6629 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Tureman SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Power for the SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and company).	Butmonary Tuber culoris
work was done, as SILK MILL, Fower first 10. Date deceased last worked et this occupation (month and 1, 1930 spent in this year)  10. Date deceased last worked et this occupation (month and 1, 1930 occupation 2) 47	
12. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other Contributory Causes of importence:
I 13. NAME John Law	the state of the s
14. BIRTHPLACE (city or town) (State or country)	Neme of operation what test confirmed diagnosis Chlat Xinay, Pos. Stanting No. Was there an au'opsy? No.
15. MAIDEN NAME & orolly Lowery	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME A orolly Lovery 16. BIRTHPLACE (city or town) Md.	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT /3 LM. Jaw (on admission) (Address) 2229 Rigas ave. Balto Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Approvillativelle More unknown	Manner of injury
19. UNDERTAKER M. Z Creager (Addysss) Thurmong Md	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED. 14/2-3, 19. Registrat.	(Signed) De Sanatorin M. D.  (Address) State Sanatorin M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

1,6134

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Blips			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
	L		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. V.S. No. (4)
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-MOLEVOIDAGE MOTUTO DATURO

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06138
1. PLACE OF DEATH	175
County Frederick	Registration Dist. No. /3/=
Village or City Monterue Hassital	Wolsederick ma St. Ward
(If	death occurred in a hospitalor institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & hatter Sucas	- And
(a) Residence: No. Surful (Usual place of abode)	Establication and Mac  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX / 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male bolored OR DIVORCED (write the word)	Goay) (Year)
ia. If married, widowed, or divorced	
(or) WIFE of Surple.	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF PURTY (mostly down and many Selete, New 1879	lest saw h Long aime on grane 20 1933 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 4, 40 Pm.
3 9 1 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular	Oate of onset
kind of work done, as SPINNER, Jarm Latrer	Meningetia result 1-fame 192
9. Industry or business in which work was done, as SILK MILL, Retuid Lollier. SAW MILL, BANK, etc	De Programme Transfer
10. Oate deceased last worked at	The office of the owner
this occupation (month and year) spent in this occupation	of smile
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country)	multiple tractine skull
13. NAME John Lucas	
14. BIRTHPLACE (city or town)	Name of operation 2001 Date of
(Slate or country)	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Charlotte roman	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Freshing Dust	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Fracture Stould by
Plac Bukillscelle Oate 24- June, 1933	Nature of injury Blow from Hatches
0 11 Each 1. Ch	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) (Brusquis Vmd	If so, specify
10 FILED 22 June 19 33 Doraf meanly	(Signed) EP Thomas M.O.
Registyler.	(Address) I rederick Us
If more blocks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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			1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
•		193AJJOBY	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BURTAU V 9			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	HYSICIAN
----------------------------------------------	----------

- 1	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	
	County Fredorick	Registration Dist. No. 145
	Village or City Harmony	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		death occurred the hospital of historical give his tyric histerial of street and humber) ds. How long in U. S. if of foreign birth?yrsmosds.
4	2. FULL NAME 1- fant Ma Birid	9
	(a) Residence: No. (Me Oride	St., Ward,
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
100	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That 1 attended deceased from
	(or) WIFE of	19, to
e.	6. DATE OF BIRTH (month, day, and year) June \$.1933	I last saw h alive on
icat	7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, etm.
certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
e ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- 1-00 P
y of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	Still bonne
back	9. Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc.	
no	10. Date deceased last worked at this occupation (month end spant in this	
	year) occupation	Other Coutributory Causes of Importance:
etio	12. BIRTHPLACE (city or town) Harry Ony	
instructions	(State or country)	
	13. NAME GUY Mc. Breide	
See	14. BIRTHPLACE (city of town) Ald Alexant	Neme of operation
		What test confirmed diagnosis? Wes there an autopsy?
important.	I	23. If death was due to external causes (VIOLENCE) fill in also the following:
por	16. BIRTHPLACE (city or town) Harmony (State or country)	Accident, suicide, or homicide? Date of injury, 19
	17 INFORMANT EFTZEST Me Bride.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) middletown, md.	
IS	18. BURIAL, CREMATION, OR REMODELS.	Manner of injury
	Place M1 & 1 12 TOIN 13 10 No. 1 1 133	Nature of injury
TION	19. UNDERTAKER T. 11. Gladuill	24. Was disease or injury in any wey related to occupetion of deceased?
K 1	(Addiess) Middle toming Md	If so, specify
	20 FILED Gune 5, 1933. Milliam & Walhtel	(Signed) M. D.
	If more blanks are needed, address State Registrar.	(Ardress)
	-, "Tote vients are needed, address State Registrar,	ayea it Country Street, Dattimore, Acquesting V. S. 140. I.

CTATE OF MADVIAND CEDTICICATE OF DEATH

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BUREAU V.S.		A Secretary and the second	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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county Tre develo		
COUNTY DIVINOUSE	Registration Dist. No. /2/=	
V. F. II. A.	NoSt.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St., _	
2. FULL NAME Wiss Sugar Elizabeth  (a) Residence: No. Dorlay Red ge  (Usual place of abode)	Ciginia Miller  St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) She yele	21. DATE OF DEATH (Month) (Oay)	93.3 (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WLFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than 1 dey,hrs ormin.	I last saw h.lo alive on	, 19.3.3
SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW, etc.  10. Oate deceased lest worked at this occupation (month and year)  11. Totel time (yeers) spent in this occupation.	Other Coatributory Causes of importance:	'eng 20
12. BIRTHPLACE (city or town) Wary and (State er country)	nephritis &	e, 39
13. NAME Eli Meller 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation.  What test confirmed diagnosis?  Was there an autor	ez 19:
15. MAIOEN NAME Way Tooller  16. BIRTHPLACE (city or town) Wayland (State or country)  17. INFORMANT James, a Jones Sund. (Address) Worlding Toollary Tree J. M. d.	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	., 19
18. BURIAL, CREMATION, OR REMOVAL Place Rocky Ridge Date 9 - June, 19.3.	Trade of mjary	
19. UNOERTAKER M. L. Creage flow	24. Was disease or injury in any way related to occupation of deceased?	vo

CEDTICICATE OF DEATH

CTATE OF MADVI AND

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1614	2
1. PLACE OF DEATH ,		
county Trederick	Registration Dist. No. 184	
Village or City was ammitaburg		Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	ds.
2 FILL NAME NW. Games Co. Mart		
(a) Residence; No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	execution .
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (0ay) (Yea	er)
5a. If married, widowad, or divorced HUSBAND of Corne M. Mart	22. I HEREBY CERTIAY, That I attended deceased	from
6. DATE OF BIRTH (month, day, and year) Qua 14, 1853	Hast sawbeen alive on June 18 , 1933; death is	is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11. 45 m.	
79 10 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
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U 10. Date deceased last worked at this occupation (month and spent in this		
year) occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Predericle Coy Md		
13. NAME William Wart		
13. NAME VILIAM MART	Name of operation Date of	
(State of county)	What test confirmed diagnosis? Was there an autopsy?_	
15. MALDEN NAME Olivateth A ane 16. BIRTHPLACE (city or town).  Oa.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19_	
Colate of Edulity)	Where did injury occur? (Specify city or town, county and State)	
(Address) Fames to War	Specify whether injury eccurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury	
Place / Clynthe / We Date June 21, 1933	Nature of injury	
19, UNDERTAKER COSSUSS ASON	24. Was disease or injury in any way related to occupation of deceased? 200	
(Address) Danestrum, md -	If se, specify	
20. FILED June 20=19 33 OM. F. Shuff	(Signer) Locards I Neller (Address) Delous Brid!	_M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LUKU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	BY	PHYSICIAN
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1933

(Yaar)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. 13/

How long in U. S. if of foreign birth? yrs. mos.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Date of onset

Was thera an autopsylle What test confirmed diagnosis?

23. If death was dua to external causes (VIDL ENCE) fill in also the following:

Accident, suicide, or homicide?_____ Date of Injury.

(Specily city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		2400	



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-	N. BWRITE-PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	B.	1		
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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95D 00144
County Transch	Registration Dist. No. 14/
Village or City Lossmannshach	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Down Man	len bes
(a) Residence: No. 307 W BS KIK	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH // 193 3 (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceesed from
(or) WIFE of Marilan Colone	mar 25, 19.33, to Jame 11, 19.33
6. DATE OF BIRTH (month, day, end year) They 12 1854	I lest saw h alive on alive of alive four 10, 19 33; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the dete steted ebova, et6m.
78 10 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8. Trede, prolession, or perticuler kind of work done, as SPINNER, O. J. J. Meach	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete daceased last worked et  11. Totel tima (yeers)	Chronico Carrela Valorelas
work was done, es SILK MILL, SAW MILL, BANK, etc.	Disease
10. Dete daceased last worked et this occupation (month and yeer) 1914 spent in this 30 occupation 30	
12. BIRTHPLACE (city or. town) (Stete or country)	Other Contributory Causes of Importence:
13. NAME Atlean Valesbee	
13. NAME Valesbee  14. BIRTHPLACE (city or town) (Stete or country)	Nema of operetion Date of What test confirmed diagnosis? Wes there en eulopsy?
15. MAIDEN NAME Agrah Davis	23. If deeth was due to externel causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
≤ (Stete or country)	Whare did injury occur?
17. INFORMANT Jana X Chesbel (Addrass) Washington D.	(Specify city or town, county and State) Spacily whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Manuel VI Da Date Manuel 1, 1933	Menner of Injury
19. UNDERTAKER STATE TO 33 + 21 400 Address) Somma Aurick And	24. Wes disease or injury in any wey related to occupetion of deceesad?
20. FILED KULL 11, 1933 MAR. H. D. Budges. Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 000 should Registration Dist. No. Village or City. of (If death occurred in a horpital or institution, give its NAME instead of street and number) ___ds. How long in U.S. if of foreign birth?_. Length of residence in city or town where death occurred PHYSICIAN (a) Residence: N PERSONAL AND STAT MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBANO of CERTUFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years If LESS than Months Devs 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... RESERVED may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 11. Total time (years) 10. Date deceased last worked at this occupation (month an) spent in this that occupation __/O 12. BIRTHPLACE (city or town) (State or country) in plain terms, HER 13. NAME FAT See Name of operation. 14, BIRTHPLACE (city or town) (State or country) efully MOTHER 15. MAIOEN NAME OF DEATH 16. BIRTHPLACE (city or town) .... (Stete or country) Where did injury occur? ... should 18, BURIAL, CREMATION, CAUSE mation Neture of injury Il so, specify 20. FILEO.

Date of 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Oate of injury Oate of injury (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of enset

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	tis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V.S	July 5,1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06146
1. PLACE OF DEATH	(31)
County Frederick	Registration Dist. No. 13/=
Village or City Free Eench	No. # 219 S Market St. Wal
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Clargett Engen Ca	mehring
(a) Residence: No. 1229 S market	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (193) (Year) (Year)
a. If married, widowed, ox divorced	(month) (bay) (lear)
HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
(i) Mile Dusley Vanngardner	193 , to June 12th, 19 3
DATE OF BIRTH (month, day, and year) 10-2,1877	Clast saw h alive on July (1939; death is sa
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 245-P/M
5-5 8 10 1 day,	The PRINCIPAL CAUSE OF DEATH and relayed causes of importance
2 Trade profession or particular	Date of one
8. Trade, profession, or particular kind of work done, as SPINNER Inferruntendent SAWYER, BOOKKEEPER, etc.	18/0/1 + Man
9 Industry or husiness in which	1/2/mme
work was done, as SILK MILL, Dick Works SAW MILL, BANK, etc	- 4.6
year) occupation occupation	Other Constibutory Sauses of importance:
12. BIRTHPLACE (city or town) Theolemon Co	Stund Servinga
(State or country)	D 1 \1 10 10
13. NAME Charles Thomas Ramshing	Commenty var
14. BIRTHPLACE (city or town) Preclerick Co	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aproper?
15. MAIDEN NAME Margar & Class ett	23. If death was due to external causes (VIOL ENCE) fill In also the following:
7. 10111	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
Made Balan	(Specify city or town, county and State)
7. INFORMANT DRUCAN O Camering (Address 229 5 Marks, Frederick Met	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OK REMOVAL AMI Clines	Names of injury
Place tredenon Mid Date 6/15 1933	Manner of injury
16 30 1-	Nature of injury.
9. UNDERTAKER Dryf Cary	24. Was diseasa or injury in any way related to occuration of deceased?
(Address) prederick Mrd,	If so, specify
20. FILED / 4 Sun 1933 Amtourdy	(Signed) The Market Mar
Registrat.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

If more Hanks are needed, address State tegistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The Car			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

1. PLACE OF DEATH		<u> </u>	
County Fra derick		Registration Dist. No. 13/	=
Village or City Me Raig		No. St	Wa
J.		death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death occurred	yrsmos	ds. How long in U.S. if of foreign birth?m	OS
2. FULL NAME / Datry 17	rderill	£	
(a) Residence: No.	ce of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH	Diate
SEX 4. COLOR OR RACE 5. SINGLE, MA	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH June 18 (Day)	, 193 3 (Yaar)
. If married, widowed, or divorced HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, That I attended	deceased fr
DATE OF BIRTH (month, day, and year)	8-1933	l ia saw h alive on, 19,	_; death is s
AGE Years Months Days	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of one
8. Trade, profession, or particular			Date cron
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which	<b></b>	Still town	
work was done, as SILK MILL, SAW MILL, BANK, etc.		6 monte falus	
10. Date deceased last worked at this occupation (month and	I time (years) pent in this		
BIRTHPLACE (city or town) Trackerick (Stata or couptry)	Co.	Other Contributory Causes of Importance:	-
13, NAME Holen Roder	ck		-
14. BIRTHILACE (city or town) Traducing (State or country)	l Con	Name of operation Date of What test confirmed diagnosis? Was there an	autonev?
15. MAIDEN NAME Ella Wag.	ner	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) Indexic	6. md	Accident, suicide, or homicide? Date of injury	
(State or country)  7. INFORMANT John Moderick (Address) Mr. Anny Did	, R D * I	Where did Injury occur?(Specify city or town, county and State Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	le) ACE.
B. BURIAL, CREMATION, OR REMOVAL Place MC Haig Md Oate 6	/19 1933	Manner of Injury	
O. UNDERTAKER M. Ricelchison	nison	24. Was disease or injury in any way related to occupation of deceased?	200
FILED 19- Kenner 33 Socal M	neludy	(Signed) BOThamas (Address) Friderick mo	, N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gullstones	May 1,1923	Gastroenteritis	1 year

M	y item of infor-	S should state	t of OCCUPA-	
FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	certificate.
MARGIN RESERVED FOR BINDING	Y, WITH UNFADING INK-THIS	carefully supplied. AGE should be	H in plain terms, so that it may be	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY	mation should be c	CAUSE OF DEAT	TION is very impo

STATE C	OF MARYLAND-	CERTIFICATE OF DEATH 06150
1. PLACE OF DEATH	1	210-m
County	dereck	Registration Dist. No. 144
Village or City There	mal-	NoSt.,W
Length of residence in city of town whara	death occurred 21 vrs 2 mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  2. 2. ds. How long in U.S. if of foraign birth?
2. FULL NAME dame	- Unto R.	
(a) Residence: No.	Some all	St., Ward.
(a) hesidence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH & S 198 3 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY. The I attended deceased f
6. DATE OF BIRTH (month, day, and year)	416-1912	liast saw hat alive on June 8, 1933; death is:
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2 P. m.
21 2	22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER.	21 1. 11 11	Date of on
kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc	leasant tiller	rachue van skull
Work was done, as SILK MILL, SAW MILL, BANK, etc.	Plembing	Coucus on Fram
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  Ondustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	11. Total time (years) spant in this	
tino ocompanos (month and	coupation	014-0-0-12-1
12. BIRTHPLACE (city or town)	ismul-	Other Contributory Causes of importance:
(State or country)	range and	
13. NAME Moskie Z.  14. BIRTHPLACE (city or town)	Hougen	
14. BIRTHPLACE (city or town)	Mar 11 d	Name of operation Date of
(State of country)	11	What test confirmed diagnosis? Zerosanders Was there an autopsy?
15. MAIDEN NAME Mary  16. BIRTHPLACE (city or town)	C Transhaw	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Hoursland	Accident, swicide, or homicide?
2	0 0	Where did injury occur? (Specify city or town, county and State)
(Address)	Konzer	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ment My	Manner of injury Aud College
Place Thecoment	Date 6-10 ,1933	Nature of injury
19. UNDERTAKER Willfugde (Address)	& Creeger	24. Was diseasa or injury in any way related to occupation of decaased?  If so, specify
20. FILEO June 10, 1933 An	na M. Jones	(Signed) / June 1 July 1
	Registrar.	(Address)

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1. PLACE OF DEATH  COUNTY GREGISTRATION OF THE COUNTY GREGISTRATION OF THE COUNTY GREGISTRATION OF THE COUNTY GREAT OF THE COUNTY OF THE COUNT	STATE OF MARYLAND—	CERTIFICATE OF DEATH 16151
Village or City . State . Constitution . St Ward Length of residence in city of town where death occurred		23
Length of residence in city or town where death occurred.  2. FULL NAME.  (a) Residence: No. Male and the state of the control	County Frederick	Registration Dist. No. 139
Length of residence in city or town where death occurred yes mos ds mos mos ds mos mos ds mos		
2. FULL NAME  (a) Residence: No Mary Land Statistical Particularis And Statistics of the Statistics of	Length of residence in city or town where death occurred vrs. 2 mos.	death occurred in a horpital of institution, give its NAME instead of street and number)
(a) Residence: No. Many and Start Start Care	00 111 - 0	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SIMICH, MARRIED, WIDOWED, OR DIVORCED (carriet be word)  6. DATE OF DEATH  2. DATE OF DEATH  3. SEX  4. COLOR OR RACE  S. SIMICH, MARRIED, WIDOWED, OR DIVORCED (carriet be word)  6. DATE OF DEATH  4. COLOR OR RACE  S. SIMICH, MARRIED, WIDOWED, OR DIVORCED (carriet be word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  MONO'S  1. HEREBY CERTIFY, That I attended deceased from the principle on the date stated above, at J. S. J. man, 19.33; death is said to have occurred on the date stated above, at J. S. J. man, 19.33; death is said to have occurred on the date stated above, at J. S. J. man, 19.33; death is said to have occurred on the date stated above, at J. S. J. man, 19.33; death is said to have occurred on the date stated above, at J. S. J. man, 19.33; death is said to have occurred on the date stated above, at J. S. J. man, 19.33; death is said to have occurred on the date stated above, at J. S. J. man, 19.33; death is said to have occurred on the date stated above, at J. S. J. man, 19.33; death is said to have occurred on the date stated above, at J. S. J. man, 19.33; death is said to have occurred on the date stated above, at J. S. J. man, 19.33; death is said to have occurred on the date stated above, at J. S. J. man, 19.33; death is said to have occurred on the date stated above, at J. S. J. man, 19.33; death is said to have occurred in this said to have occurred in Industry, in Home, 19.33; death is said to country)  4. SIRTHPLACE (city or town)  6. State or country)  6. DATE OF DEATH  7. AGE  7. PARTICULARY  8. ACCURRENT OR OR DEATH  9. ACCURRENT OR		Landtoning Bothward Md
3. SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Currie the word)   10. Widowed, or divorced (Co) WiFe of when the word (Month)   CD   Color (Month)   CD   CD   Color (Month)   CD   CD   CD   CD   CD   CD   CD   C	(a) hour place of abode	Md. It nonresident give city or town and State
59. If married, widowed, or divorced HUSBAD (Month)  59. If HE E BY C E R T I F X. That I attended decessed from the Life of Corp. WIFE of Years Mondo Date of Corp. WIFE of Years Mondo Date of Date of HUSBAD (Month)  59. If HE E BY C E R T I F X. That I attended decessed from the Life of Corp. Month of Work done, as SPINNER, Month of Work Book and Month of Corp. Month of Corp. Month of Work done, as SPINNER, Month of Work done, as SPINNER, Month of Work Book and Work Bo		
HISSAND of (or) WIFE of Jarman 4 57 John 22. If HEREBY CERTIFY, That I attended deceased from Anial Park 1933, to June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933, death is said to have occurred on the date stated above, at 7, 45 June 1, 1933	Temale white or DIVORCED (ravite the word)	June 17 1933
6. DATE OF BIRTH (month, day, and year) fame 5 199  7. AGE Years Months Days IT LESS than 1 19.3.3 to 19.3.3 death is said to have occurred on the date stated above, at. 7.45 ft.m.  8. Trade, profession, or particular kind of work done as SPINNER, SANYER, BOOKEEPER, etc.  9. IT LESS than 1 day hrs. to have occurred on the date stated above, at. 7.45 ft.m.  10. Date decased last work done as SPINNER, SANYER, BOOKEEPER, etc.  10. Date decased last worked at spent in this occupation (month) and year)	HUSBAND of	22 I HERERY CERTIEV That I attended deceased from
6. DATE OF BIRTH (month, day, and year) fund 5  7. AGE  Years  Mondys  Days  If LESS than 1 day, hrs. 0 1 day, hrs. 1 day, hrs. 1 lost saw h. Lalive on. January 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(or) WIFE of Horman 7. St John	904' 0 11 33 (4 1 17 35
8. Trade, profession, or particular kind of work done, as SPINNER, somewhat is a company of the spinner of the	6. DATE OF BIRTH (month, day, and year) June 5 1898	
8. Trade, profession, or particular SAWYER, BOOKKEEPER, etc.  9. Industry or business in which saw of does as SILK MILL, SAW SILK BANKED AND SILK MILL, SAW SILK BANKED AND SILK MILL, SAW SILK		
Service South Report of the Contributory Causes of importance:    Saw Mills, Bank, etc.	35 0 /2 ormin.	ware as fallows:
Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Clip (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. FILED  10. The Contributory Causes of Importance:  17. To a cell  18. Description  19. Other Contributory Causes of Importance:  19. Other Contributory Causes of Importance:  19. Acquirery  19. Name of operation  What test confirmed diagnosis?  19. What test confirmed diagnosis?  19. UNDERTAKER  10. BURIAL, CREMATION, OR REMOVAL Place  10. The Contributory Causes of Importance:  10. Acquirery  11. Description  12. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  12. If death was due to external causes (VIOL ENCE) fill In also the following:  13. Accident, suicide, or homicide?  14. Date of Injury  Where did Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  19. UNDERTAKER	8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEPER, etc.	
Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Clip (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. FILED  10. The Contributory Causes of Importance:  17. To a cell  18. Description  19. Other Contributory Causes of Importance:  19. Other Contributory Causes of Importance:  19. Acquirery  19. Name of operation  What test confirmed diagnosis?  19. What test confirmed diagnosis?  19. UNDERTAKER  10. BURIAL, CREMATION, OR REMOVAL Place  10. The Contributory Causes of Importance:  10. Acquirery  11. Description  12. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  12. If death was due to external causes (VIOL ENCE) fill In also the following:  13. Accident, suicide, or homicide?  14. Date of Injury  Where did Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  19. UNDERTAKER	9/ Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
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13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Clip (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Baltimole Date anknown, 19.  19. UNDERTAKER MA GREWAND Date anknown, 29.  19. UNDERTAKER MA GREWAND ANALOG (Address)  20. FILED  20. FILED  11. STATE BARRED AND CREMOVAL (Signed)  Registrat.  Name of operation.  What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No What test confirmed diagnosis? Y legy Wes there en au'opsy? No		Other Contributory Causes of importance:
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State of country    What test confirmed diagnosis?   Westhere en au'opsy?   Westher	13. NAME James & Russel	
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Clip St. John on admission (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Calturold Date unknown, (Address)  19. UNDERTAKER The Great Calturold Date unknown, (Address)  20. FILED  17. INFORMANT Clip St. John on admission (Address)  21. INFORMANT Clip St. John on admission (Address)  22. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?  Date of Injury  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER The Great Calturold Date unknown, (Address)  24. Was disease or injury in any way related to occupation of deceased?  25. Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Signed)  (Signed)  (Signed)  (Address)  M. D.  (Address)  M. D.  (Address)  M. D.  (Address)	14. BIRTHPLACE (city or town)	V Positive spulin
16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Class Statement of the admission (Address) All Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place action Date Manner of injury  19. UNDERTAKER Manner of injury  19. UNDERTAKER Manner of injury  20. FILED Registrar.  Accident, suicide, or homicide?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury o		
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18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date whenous 9.  19. UNDERTAKER MA Grewell Of Company of Manner of injury  19. UNDERTAKER MA Grewell Of Company of Manner of injury  19. UNDERTAKER MA Grewell Of Company of Manner of injury  19. UNDERTAKER MA Grewell Of Company of Manner of injury  19. UNDERTAKER MA Grewell Of Company of Manner of injury  19. UNDERTAKER MA Grewell Of Company of Manner of injury  19. UNDERTAKER MA Grewell Of Company of Manner of injury  19. UNDERTAKER MA Grewell Of Company of Manner of injury  19. UNDERTAKER MA Grewell Of Company of Manner of Injury  19. UNDERTAKER MA Grewell Of Company of Manner of Injury  19. UNDERTAKER MA GREWELL OF COMPANY OF MANNEY OF		(Specify city or town, county and State)
Place Baltimore Date with norse 19 Nature of injury.  19. UNDERTAKER MG Crewbler 24. Was disease or injury in any way related to occupation of deceased? The Company of the	THE RESERVE OF THE PROPERTY OF	Manner of injury
20. FILED 1/3319 V. Registrar. (Address) State Sanatoring M.D.  (Address) Thurnth Mayland If so, specify Signed) State Sanatoring M.D.  (Address) State Sanatoring M.D.	Place altimore Date unknowing	
20. FILED State Sanatoring Md		
	Registrar.	(Address) State Sanatoring Ind

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hershritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributor, causes of intertance.  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
- 2			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Date of onset	The principal cause of death and related causes	Data of annat
	of importance were as follows:	Date of Ouzet
1915	Attack of epilepsy	1 week aga
1921	Run aver by street car	1 week aga
Julyã,1927	Peritanitis	3 days aga
•		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	ulyã,1927	Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00103
1. PLACE OF DEATH	(23)
County Frederical	Registration Dist. No. 144
Village or City Thursday	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. Oww long in U.S. if of foreign birth?
2. FULL NAME Playsius Bernas	& Senart SENART
(a) Residence: No. Alaman	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 9. DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
ia. If married, widowed, or diverced HUSBAND of	
(OT) WIFE OKSSELLY of Severt	1 HEREBY CERTIFY That I altended deceased from
5. DATE OF BIRTH (month, day, and year) tee. 2/, 186 J	I last saw hather live on Jacque 16, 19.33; death is said
7. AGE Years Months Days 11 LESS than	to have occurred on the date stated hove, at TO. G.m.
68 4 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNE Act. Engineer	A) 1 1.0 1000
9. Industry or business in which	Vicemoriany wew 1721
work was done, as SILK MILL, SAW MILL, BANK, etc.	cutory
10. Date deceased last worked at this occupation (month and 1929) 11. Total time (years) spant in this year)	
102001	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
1 13. NAME Eleven M. Sevant	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) France	What test confirmed diagnosts? Was there an autopsy?
15. MAIDEN NAME May Brown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MASS Sever most miles	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Blue Ridg Gers 10 ==	Manner of injury
Place thermany Bate June 19, 1933	Nature of Injury
19. UNDERTAKER 10 CELLAGIA HAR (Adgress)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED and 18, 19 3 arma M. Junes.	(Signed) I Colored M. D.  (Address) Detory and.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes, of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 106154
1. PLACE OF DEATH	72-0
County Frederick	Registration Dist. No. 138
Village or City New Market.	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Basil Leon Sewell	)
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  23  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. MEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sec. 23-1921	I last saw h. My alive on June 022, 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 4m.
/ L 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	acute lenkenia (tymphane) may 20
SAWYER, BOOKKEEPER, atc	/4/33
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) New Market  (State or country) Frederick & Md	Other Contributary Causes of Importance:
13. NAME Howard Sewell	
13. NAME Howard. Sewell 14. BIRTHPLACE (city or town) New Market. (State or country) French Color Control Color Co	Neme of operation
	was their est confirmed diagnosis: was their an europsy!
15. MAIDEN NAME (Vaiolet Ceramenton)  16. BIRTHPLACE (city or town). New Market  (State or country) Recleville Co. M. d.	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
17. INFORMANT Howard Sevel (Address) New Warket Md.	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place New Market Data June 23, 1933	Nature of injury
19. UNDERTAKER WE Falconers (Address) New Warket Wide	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. June 24, 1933 Lucian K. Falconer Registrar.	(Signad) Errect P. Kryb M.D. (Address) New Market Med, M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	H 06155
1	. PLACE OF DEAT	TH .			(31)	
	County Frede	rick			Registration Dist.	No /3/7
	Village or City_Fr		WIN	thin the Sur 25	CALL AND THE PROPERTY OF THE P	
	vinage of City		P		death occurred in a hospital or institution, give its NAME inst	ead of street and number)
	Length of residence In ci	ty or town where deatl	h occurred.	mos mos	ds. How long in U.S. if of foreign birth?	_yrsds.
2	. FULL NAME Wi	lliam Hans	on Shul	1		
	(a) Residence: No.	315 E. Pat	rick		St., Ward.	
_			(Usual place	of abode)		eity or town and State
	PERSONAL AN	D STATISTICA	AL PARTI	CULARS	MEDICAL CERTIFICATE OF	FDEATH
	sex 4. colo male whi			RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH  June 7th.  (Month)	(Day) (Yeer)
5a.	If married, widowed, or divo		1			
	(or) WIFE of FI Or	ence M. Mu	nshower		22. THEREBY CERTIFY,	That I attended deceased from
6.	DATE OF BIRTH (month, day	v. and vear) Jan	. 20, 1	877	I last saw h alive on	19 5 3 death is said
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 9.30A	_m.
	56	4	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	
z	8. Trade, profession, or pa	erticular			***************************************	Date of onset
5	SAWYER, BOOKKEE	PER, etcCO	al Deal	er		
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, of	SILK MILL.			Cremia	Genlo-
000	Dato deceased last wor this occupation (mo yoar)	ked at /33	sper	me (years) at in this 6		
12	. BIRTHPLACE (city or town)	Maryland			Other Coutributory Causes of importance:	
14.	(State or country)	20062-3-20224	*		newertin	alist 5
ER	13. NAME Capt. G	. A. Shull				4
FATHER	14. BIRTHPLACE (city or to	26	nd		Name of operation.	Date of
FA	(State or country)	WII)			What test confirmed diegnosis?	810
HER	15. MAIDEN NAME ME	ry Ellen R	evnolds		23. If death was due to external causes (VIOL ENCE) fill in a	
H	16. BIRTHPLACE (city or to	Marrita	-		Accident, suicide, or homicide? Date	
MOT	(State or country)	WII)			Where did injury occur?	vi mjury i tv
17.	INFORMANI	Wm. H. Shu			(Specify city or town Specify whether injury occurred In INDUSTRY, in HOME,	, county and State) or in PUBLIC PLACE.
18	BURIAL, CREMATION, OR F		u.		Manner of injury	
	PlaceMt.Olivet		Date June	9, 19 33	Nature of Injury	******************
	UNDERTAKER M. R.	Etchison	& Son		24. Was disease or injury in any way related to occupation	of deceased?
19	(Address) Frede		G		If so, specify	7
	4 1)	()	1 /2 -	21111	(Signed) 12011202	M. D.
20	FILED & flue	19 3 8 Ocas	-1-1-1CC	my	2 /	1 57 0

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	item of infor- should state of OCCUPA-
•	RECORD. Every Y. PHYSICIANS Exact statement
OR BINDING	A PERMANENT ated EXACTL operly classified.
ERVED F	t may be pr t back of cer
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1	WRITE PLAINLY, ration should be care AUSE OF DEATH is ION is very importan
V. S. No.	N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(0100
county trepericks	Registration Dist. No. 144
Village or City Near Lerroston	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  O_ds. Plow long In J. S. If of foreign birth?
2. FULL NAME alice Catherin	, Spales -
(a) Residence: Np. Dodokoro	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of Multan Arch	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Och 12-1856	I last saw h. alive on June 10
7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, et_5.23_Cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Cerebral apoplery
SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this pecuation work was done, as SILK MILL, or have been supported by the pecuation of the second to the second	/ / / / / / / / / / / / / / / / / / /
10. Date deceased lest worked et this occupation (month and my 12-5)  11. Total time (years) spent in this 45 mo	
12. BIRTHPLACE (city or town) Walkusoully (State or country)	Other Contributory Causes of Importance:
13, NAME CANTAL CAMPACTAR	
14. BIRTHPLACE (city or town) Walkersully	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy? ***
15. MAIDEN NAME Cathering Paroley	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Walking oilly	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Many Daniele (Address) Translation	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Trodshoro Date June 121935	Neture of Injury
19. UNDERTAKER Address Francisco MA	24. Was disease or Injury In any wey related to occupation of deceased?
20. FILED Jane 11, 19 33 anna M. Jones Registrar.	(Signed) 6 W. Stull M. D.  (Address) Wardshard Md.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ENCOMPT REPORTED			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66157
1. PLACE OF DEATH	92-00
County Frederick	Registration Dist. No. [32
Village or City Middletown	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
1 1 0 0 1	
(a) Residence: No.	St. Ward.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH Quee 2 (Day) (Year)
(OI) WIFE OF William Stephens	22. I HEREBY CERTAFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 4 9 9 9 9 7. AGE Years Months A Days If LESS than	I last saw harman alive on the said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc. HOUSE SOME Wind of work dona, as SPINNER, HOUSE SAWYER, BOOKKEEPER, etc. HOUSE SOME WILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (month and some part in this securation (month and some part	The to detroit and
9. Industry or business in which work was done, as SILK MILL,	will Combications
SAW MILL, BANK, etc	
this occupation (month and year)	7
12. BIRTHPLACE (city or town) MI LLE COMTS (State or country)	Other Contributory Causes of Importanco:
I 13. NAME JOHN KERKI	
14. BIRTHPLACE (city or town). Middle town.	Nama of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TO SICY BOYER  16. BIRTHPLACE (city or town) M. A. A. L. E. TOWN)	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) M. A. L. TOWY	Accident, suicide, or homicide?
E (State or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT LUCKER REPORT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Luthi Cemi Dete June 8, 1923	Nature of injury
19. UNDERTAKER 11. US SALVAN (Address) 12. US SALVAN (Address)	24. Wes disease or Injury In eny way releted to occupation of deceased?
20. FHEOREMES -, 1983 D. Torse por Sumbo	(Signed) (Ardress) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- JOURNA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Its went

of OCCUPA-

1. PLACE OF DEATH		9.2
County the deric	ele,	Registration Dist. No. ) 4
Village or City Brus	Activities (II)  Jeath occurred 35 yrs mos	NoSt,Ward f death occurred in a hospitel or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME Afens	n Roll H	
(a) Residence: No.	for the state of t	St. Ward.
(a) residence. No.	(Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Little	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of MUNNIL H	ollman	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	wh 17 1859	I last saw h a aliva on 1997, to 7, 1932; death is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, atm.
14 2	2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. ledustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)	11. Total tima (years) spant in this occupation	Other Contributory Causes of importance:
13. NAME TOWN OF	2000	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	the state of the s	Name of operation Dale of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME	nous	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oate of Injury, 19
(State or country)  17. INFORMANT \( \text{O Dallot (Address)} \) \( \text{During survey (1)} \)	A md	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Oate Arre 11 1999	Manner of Injury
19. UNDERTAKER Le H. Fresh	& Sara	Nature of injury 24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Jame 9, 1933 M	10. El S. Hulger Registrat.	(Signed)  (Address)  (Address)

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TO UNIQUE UNIVERSITATION OF THE PERSON OF TH			
919			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.

		STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 06	159
1. P	LACE OF DE	ATH			(1242)	
	County	rederick.			Registration Dist. No. 13/	
	Village or City					Ward
	Length of residence in	city or town where	death occurred	yrs mo	No. St.,  If death occurred in a horpital or institution, give its NAME instead of street and nur  sds. How long in U.S. if of foreign birth?yrsmos.	nber) ds
2. F	ULL NAME	Krs. Hebd	tie Rockar	ma Tobery		
			t Dighth S	treet	St., Ward.	
	DEDCONAL A	ND STATIST	(Usual place		If nonresident give city or town and St.	alc
3. SEX	PERSONAL A	LOR OR RACE		RIFD, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
			OR DIVORCE	(write the word)	2 7	93 3
Ford	arried, widowed, or d	hite	- Jarrie	i	(Month) (Day)	(Year)
H	SBAND of		n ² - 03455		22. 1 HEREBY CERTIFY, That I attended dec	ceased from
	00	seph H. Te	ceary		1 14 ,193 - to June 23	, 19.3 3
6. DAT	OF BIRTH (month,	day, and year)	December	r 17. 1887	I last saw h lalive on fig. 2-3, 19.22;	leath Is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
	45	6	6	1 day,hrs.	were as follows:	
2 8.	Trade, profession, or	particular			7 1 1 1 1 1	ate of onset
2		ne, as SPINNER, KEEPER, etc	Housewif	ę	Ochren of Liver	werd
9. 10.	Industry or business work was done, a	s in which as SILK MILL,				une
3 6	work was done, a SAW MILL, BANI Date deceased last was		At Home		( trophe	
5 10.	this occupation (	month and	/32 11. Total ti	me (years) 22		
	year)		06:0	pation	Other Contributory Causes of importance:	,
	THPLACE (city or tow				- p p p	wis
1	(State or country)	<u>laryla</u>			Kny cerds of There ;	lean
	NAME Adol	phus Norw	000		1	
14.	BIRTHPLACE (city or				Name of operation Date of	
-	(State or country	- U			What test confirmed diagnosis? Was there an au'o	psy? 10
15.	MAIDEN NAME	Prudence	AOTIG		23. If death was due to external causes (VIOL ENCE) fill In elso the following:	
5 16.	BIRTHPLACE (city or	town)			Accident, sulcide, or homicide? Date of injury	., 19
Σ	(State or country	n) lary	land		Where did injury occur?	
	JEMANI	seph M. To	obery		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BUR	IAL, CREMATION, OF	REMOVAL			Manner of injury	
	Place Att - Oli	wet Cen.	Date_6/25		- Nature of injury	
	PERTAKER(Address)	W. R. Tt.	chison &	Son	24. Was disease or injury in any way related to occupation of deceased?	4
20. FILE	of fune		XXXX	Registraft.	(Signed) . Charten Clary (Address) Tulence M	M. D
	V	If more	blanks are needed, a	ddress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	- 1	Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	Al	L	1		L	3	A	ż	ľ.	ľ	j	7		(	ľ	J	5	7.63	ľ	ï	7	ľ	[	]	>	Į	]			ľ	3	,	3	B	I		5	2	,	I		Ī	1	P	1	S	3	]	[	I	1	V	N		1	E	]	-	I	-		ľ	4	A	1	1	1	ľ	ľ	I	I	1	]	]	]	]	]	]	]	]	]	]	1	I	Ī	I	I	I	I	ľ	ľ	ľ	ľ	ľ	ľ	ľ	ľ	ľ	ľ	ľ	ľ	ľ	ľ	ľ		1	1	1	1	1	1	1					ľ	ľ	ľ	ľ	ľ	ľ	ľ	ľ	ľ	ľ	ľ		1	1	١.			_	4	4	2	1	L	A	A	4	1	Ž	L	À
-----------------------------------------------------	----	---	---	--	---	---	---	---	----	---	---	---	--	---	---	---	---	------	---	---	---	---	---	---	---	---	---	--	--	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	----	--	--	---	---	---	---	---	---	---	---	---	---	---	---	---

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state OCCUPA-

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item of infor-

	STATE OF MARYLAND	CERTIFICATE OF DEATH	5160
1	1. PLACE OF DEATH	54£)	
	County Trederick	Registration Dist. No. 13/	<u></u>
	Village or City Troderick City	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	ward
	Length of residence in city or town where deeth occurredyrsmos	ds How long in U.S. if of foreign birth?yrsmos	
	2. FULL NAME & Sabel Streng Jurs	ier	
	(a) Residence: No. 314 Dr. Per St. (Usual place of abode)	St., Ward.  If nonresident give city or lown and S	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193. 3 (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of aliver P Survey	22. I HEREBY CERTIFY, That i attended d	leceased from
ite.	6. DATE OF BIRTH (month, day, and year) Jan 29 1881	I last saw her alive on June 1 1933	; death is said
certificat	7. AGE Years Month's Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
of ce	8. Trade, profession, or particular kind of work done, es SPINNER, Housewife SAWYER, BOOKKEEPER, etc. Housewife work was done as SILK MILL.	a Mysterectory	may 4
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
no si	SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  year)  11. Total time (years) spent in this occupation and occupation occupation.		
instructions	12. BIRTHPLACE (city or town) bean blavertine (State or country) Washington Co	Other Contributory Causes of importance:  Throw viscos of Murs Viscolo  Pulmonary Cyclolism	2 who
ıstr	W 13. NAME JM. It Bis and	e, and any amount	7-7000
See ir	14. BIRTHPLACE (city or town) Middletoyn (State or country) And dear the Country	Name of operation Substant Vagual thy structory Bate of the What test confirmed diagnosis? Climinal By any Was there an en	way 4
بۂ	# 15. MAIDEN NAME Marguarett ann Smith	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
important	16. BIRTHPLACE (city or town) Out Reserve	Accident, suicide, or homicide? Dete of injury	
very imp	17. INFORMANT Office Policy (Address) 314 Of Policy	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:) (CE.
.s	18 BURIAL, CREMATION, OR REMOVAL WORKENEGE Bealsulfite Jame 4. 1933	Manner of injury	
TION	000000000000000000000000000000000000000	24. Was disease or injury in any way related to occupation of deceesed?	ho
I	19. UNDERTAKER (Address) Siederge Md.	If so, specify	
	20. FILED 3-June 19 33 Syntemy	(Signed) Flasso Worthugh	M. C
	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

der Storthington UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUREAU V. B.			3 0	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN	ì
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DING (S)	IANENT RECORD. Every item of infor- A C T L Y. PHYSICIANS should state issified. Exact statement of OCCUPA-	
V.S.No.1 (S) (ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH U6161
1. PLACE OF DEATH	
County Frederick.	Registration Dist. No. 144
Village or City Backy Hubye	No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred.	_mos. ds. How long in U. S. if of foreign birth?mos d
2. FULL NAME (Isramba Cllus	N Welly
(a) Residence: No. (Usual place of abode)	St., Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cleas. F. Welly	22. I HEREBY CERTIFY. That I attended deceased from 1933 to the 13 1933
6. DATE OF BIRTH (month, day, and year) Faw. 4, 7 86	- 7
7. AGE Years Months Days If LESS t	
68 5 9 1day, or min	
8. Trade, profession, or particular kind of work done, as SPINNER; Cousework SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.	Circlas hemorhage Jun
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
O this occupation (month and year)	
12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:
13. NAME Joseph Sharrer	
14. BIRLIMPLACE (city or town)	Name of operation Date of
(State of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Matelda Shull	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clear J- Clarity Saids	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALY Place Cookey Redge Red Date 6/15, 19	Manner of injury  Nature of injury
19. UNDERTAKER Zunt. Shuff & unitality u	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 14, 1933 Anna M. Jone Regist	(Signed) Eddaudh Viller M.  (Address) Selver M.

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Chronic interstitial nephritis	.1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER S'	TATEMENTS I	BY	PHYSICIAN
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V. S. No. 1

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RD. I	YSIC	state		١
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of I	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU		1
YT R	LY.	<b>A</b>		
NE	CT	sified		
SRM	XX	clas	ď	
A PI	ted I	perly	TION is very important. See instructions on back of certificate.	
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N. B.				

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06162
1. PLACE OF DEATH	(9r-P)
County Freeb	Registration Dist. No. 14
Village or City Binney	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Types translyn Iv	ado
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH CLIP 2
male white married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) HITE OF Mary Jane lyan	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Much 6 1856	i lest saw h alive on, 19; deeth is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
77 3 14 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Were as follows:
kind of work done, as SPINNER, Rounds of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent In this spent In	Oxe and o Heart 7
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	West in avoural
11. Total time (years) this occupation (month and spent in this	
year) occupation	01-0-13-0-0-13-1-1-1-1-1-1-1-1-1-1-1-1-1
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
E I I I I I I I I I I I I I I I I I I I	
13. NAME Oliver woods  14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
- (Courte of Country)	Whet test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Tomolog Prence  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
Stete or country)	Where did injury occur?
17. INFORMANT MAD J. J. WYTHO (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Knowyill Incl. Date Mul 23, 1933	Nature of injury
MALS LOW Marson	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Address)	If so, specify
	(Signed) Aevu Mult h M.D.
20. FILED (19.33) 24 / D. J.	(Address) ABTUM SURPE IN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

RESERVED

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